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A STUDY TO DEVELOP  
AN ASSESSMENT TOOL AND  
EVALUATE THE SOCIAL WORK SERVICE  
QUALITY ASSURANCE PLAN  
AT  
WALTER REED ARMY MEDICAL CENTER,  
BROOKE ARMY MEDICAL CENTER,  
AND  
FITZSIMONS ARMY MEDICAL CENTER

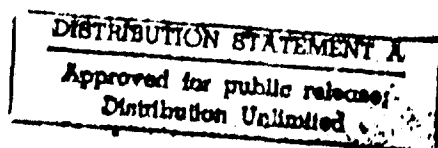
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A Graduate Research Project  
Submitted to the Faculty of  
Baylor University  
In Partial Fulfillment of the  
Requirements for the Degree  
of  
Master of Health Administration

by

Captain Bradley J. Nystrom, MS

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## CHAPTER I

### INTRODUCTION

#### Quality Assurance

In today's litigious and rapidly changing health care environment, quality assurance (QA) has gained an increased emphasis and importance. However, this emphasis on QA appears to have also created confusion, misunderstanding, distrust, and a feeling of a loss of control by many physicians and allied health care providers about their health care practices. QA practices within the various hospital departments and services often vary in format and reporting procedures. While some departments and services utilize QA to improve services to patients, many only conduct QA activities because hospital administrations seek accreditation by the Joint Commission on Accreditation of Hospitals (JCAH). JTS

Both the JCAH and the National Association of Social Workers (NASW) require that hospital social work services be readily available to patients and their families in order to facilitate their adjustment to hospitalization and illness, and to promote their receiving total health care services.<sup>1</sup> The 1984 JCAH Accreditation Manual for Hospitals (AMH) includes the new quality and appropriateness standards for hospital quality assurance activities. These QA standards

require that social work services have a system for the on-going monitoring and evaluation of the quality and appropriateness of the patient's care and the resolution of identified problems. The JCAH surveyors began using these new QA standards in April 1984.<sup>2</sup>

The major change from previous QA requirements is the addition of concurrent monitoring activities that each department must use as the foundation for their QA activities. However, as published in the JCAH AMH for Social Work Services, the social work department can be staffed by a part-time social worker or a designated employee who should be the equivalent of a social work assistant. Theoretically then, the hospital social work department could consist of a social work designee who consults with an external social work consultant.

The Army does recognize a Military Occupation Speciality (MOS) for a social work assistant and a Specialty Skill Identifier (SSI) for a Social Work Officer (68R) in Army Regulation (AR) 611-101, along with a corresponding description of duties and special qualifications required to be awarded the MOS/SSI.<sup>3</sup> However, within the U.S. Army Medical Department, there is no single directive which dictates services to be provided by social work services. AR 608-1 is the Army Regulation for Family Advocacy and specifically describes social work service procedures/requirements for child and spouse abuse cases. Another



important service provided by social work departments is hospital discharge planning. Health Services Command (HSC) Regulation 10-1 prescribes discharge planning at the discretion of the hospital commander.<sup>4</sup>

As one may observe from the statements made, the role of Army social workers has not been thoroughly defined. This, along with an increased emphasis on JCAH quality assurance standards, has added particular frustration to social workers as to what is expected of them and the services they provide.

#### Conditions Prompting the Study

As an Army Social Work Officer, my interest in QA is relatively recent. This is partly due to my own resistance to understand QA, but even more to my own ignorance of the importance of QA and the JCAH. As I began to talk to other Army social workers about QA, it became evident to me that I was not alone in my resistance and naivete about the importance of QA and the JCAH in social work. Hence, the need to understand QA and to assist other social workers in their understanding of the subject matter became my true goal.

The intent of this research project is to develop an assessment tool to evaluate Continental United States (CONUS) Army Medical Center Hospital Social Work Service Quality Assurance Plans. Three CONUS Army Medical Center Social Work Service QA Plans will be evaluated by this tool

to determine their compliance with JCAH Standards. As a result of this study, not only will the individual social work service departments benefit, but also the assessment tool developed may be used for possible Army-wide application.

Prior to the selection of this research topic, a courtesy interview was conducted and the research intent discussed with and approved by both the Social Work and Quality Consultants to The Army Surgeon General (Colonels Jesse J. Harris, MS, and Michael J. Scotti, MC, respectively), and the Health Services Command Social Work Consultant, Colonel Gordon L. Bolte, MS.

The three CONUS Army Medical Center Social Work Services to be evaluated by the quality assurance assessment tool were Walter Reed Army Medical Center (WRAMC), Brooke Army Medical Center (BAMC), and Fitzsimons Army Medical Center (FAMC). This assessment will be limited to the analysis of the written WRAMC, BAMC, and FAMC Social Work Service Quality Assurance Plans and will not include on-site visits. The analysis of the three CONUS Army Medical Center Social Work Service Quality Assurance Plans will be in a descriptive modality and will not include on-site visits. The analysis of the three CONUS Army Medical Center Social Work Service Quality Assurance Plans will be in a descriptive modality and will not include recommendations for corrections or deficiencies noted.

The JCAH developed its current Quality Assurance standards in 1979.<sup>5</sup> For this reason, the literature review will not include references prior to 1979, except for the historical data. The language of the JCAH Quality Assurance Standard for social work services was, however, standardized in the 1984 AMH.<sup>6</sup> This consisted of a six-step approach as outlined by Patrice Spath, well-known author in the field of quality assurance. Those steps which fall under the headings of monitoring, evaluation, problem-solving, and documentation will be discussed in the literature review.

#### Purpose of Research

To develop an assessment tool to evaluate CONUS Army Hospital Social Work Service Quality Assurance Plans.

#### Objectives

This research study will develop a social work service QA assessment tool, which will be applied to WRAMC, BAMC, and FAMC Social Work Services. Therefore, the objectives of this study are to:

1. Review current literature pertaining to quality assurance for social work service.
2. Interviews with the Social Work Consultant to The Army Surgeon General, the Quality Assurance Consultant to The Army Surgeon General, and the Health Services Command

(HSC) Social Work Consultant ~~and~~ regarding the current state of Army Hospital Social Work Service Quality Assurance Programs.

3. Using the JCAH AMH and Patrice Spath's Six-Step Approach to the four quality assurance functional areas (monitoring, evaluation, problem-solving and documentation), develop an assessment tool which will evaluate the compliance of WRAMC, FAMC, and FAMC Social Work Service Quality Assurance Plans.

4. Prepare a letter to WRAMC, BAMC, and FAMC Social Work Service Chiefs requesting their respective Social Work Service QA Plans.

5. Review and evaluate QA Plans received from WRAMC, BAMC, and FAMC Social Work Service chiefs against JCAH QA Standards and Spath's Six-Step Quality Assessment Methodology.

6. Develop an assessment tool to be used for CONUS Army Medical Center Social Work Service Quality Assurance Programs.

#### Criteria

1. Spath's Six-Step Quality Assessment Methodology and the 1986 JCAH AMH Social Work Service QA Standards will be used as the measurement standard.

2. The literature review will include material published after 1979 (see limitation number 2).

3. A courtesy interview with the Social Work Consultant to The Army Surgeon General, the Quality Assurance Consultant to the Army Surgeon General, and the HSC Social Work Consultant will be conducted for the purpose of obtaining research approval and input.

4. The evaluation of WRAMC, BAMC, and FAMC Social Work Service Quality Assurance Plans will be performed using a uniform methodology tool, as developed by the researcher.

#### Assumption

The 1986 JCAH Standards for Social Work Service will remain the same during the research period.

#### Limitations

1. The study will restrict evaluation to WRAMC, BAMC, and FAMC Social Work Services, and will be limited to the evaluations of their Social Work Service Quality Assurance Plans. It will not include recommendations for corrections of deficiencies noted.

2. The literature review will not include references prior to 1979 (except for historical review purposes), which is when the JCAH developed its current Quality Assurance Standards.

3. Development of the social work service quality assurance plan assessment tool will be founded on guidelines published in the 1986 JCAH Standards, Spath's Six-Step

Quality Assessment Methodology, literature review, staffing through the Social Work consultant to The Army Surgeon General, and with approval of the assessment tool by the Quality Assurance Consultant to The Army Surgeon General.

4. Assessment of WRAMC, BAMC, and FAMC Social Work Service Quality Assurance Plans will be limited to analysis of their written quality assurance plans and will not include on-site visits.

5. Analysis of WRAMC, BAMC, and FAMC Social Work Service Quality Assurance Plans will be in a descriptive modality.

#### Collection of Data

1. All applicable Department of Defense (DoD) HSC regulations and directives pertaining to U.S. Army Hospital Social Work Services will be reviewed.

2. Letters will be sent to the Chiefs of WRAMC, BAMC, and FAMC Social Work Services requesting their Social Work Service Quality Assurance Plans be forwarded to the researcher.

3. Literature review will center on quality assurance assessment methodologies and social work standards of practice.

4. WRAMC, BAMC, and FAMC Social Work Service Quality Assurance Plans will be evaluated by the assessment tools.

### Recording of Data

1. Applicable documents, journals, and books will be annotated and all applicable interviews will be referenced.
2. Analysis of WRAMC, BAMC, and FAMC Social Work Service Quality Assurance Plans will be recorded separately by the researcher.

### Evaluation of Data

1. The data gathered from the review of the literature will be used to determine what current standards should be included in the social work department quality assurance plan assessment tool.
2. Data collected from the analysis of the individual social work service quality assurance plans will be descriptively analyzed to determine if the plans are in compliance with current standards and to identify individual discrepancies and the presence of particular trends or patterns.

## CHAPTER II

### HISTORICAL PERSPECTIVE

#### History

One could say that quality assurance first became important in 1910 with the publication of the Flexner Report regarding the quality of medical schools in the United States.<sup>7</sup> However, a review of the literature indicates that with the establishment of Professional Standards Review Organization (PSRO) in 1972 and the publication of the first JCAH manual for Hospital Accreditation later that same year, quality assurance began to take on increasing importance.<sup>8</sup> The profession of Social Work had focused on care evaluation and accountability years before this event. I will provide examples of quality assurance and related activities dating from 1950 with specific discussion relating to the impact of legislation.

The first publication focusing on quality assurance in social work practice was an article written in 1950 by L. S. Kogan, entitled "Testing Results in Social Casework: A Field Test of the Movement Scale."<sup>9</sup> Five years later the National Association of Social Workers (NASW) was founded in 1955. Part of its purpose was the creation and maintenance of professional standards for social work practice and social services. An article of the 1950's entitled "The Key to



Quality Care: Standards for Social Work Practice," states that "constituents, colleagues and employees need to understand who we are, what we do, with whom, and how well".<sup>10</sup> The NASW later established a Code of Ethics which one could say provides for the ethical accountability of social workers.

The PSRO concept came from the American Medical Association (AMA). Senator Wallace Bennett, a Utah physician proposed an amendment providing a mechanism of utilization review and quality control of health services. Under this proposal, the Department of Health, Education and Welfare would contract with state medical societies to provide peer review of these health services. In the summer of 1970 Senator Bennett introduced to the Senate an amendment employing the PSRO concept.<sup>11</sup> Immediately on the heels of this amendment introduction came an article published in 1970 entitled, "Five Approaches for Assessing the Quality of Care."<sup>12</sup> In 1971 the AMA and its Council on Medical Services issued a comprehensive manual to promote the "peer review process as an essential mechanism for evaluation and analysis of medical care."<sup>13</sup> An article came out in early 1972 discussing intervention evaluation,<sup>14</sup> and later that year Steven Segal published "Research On the Outcome of Social Work Therapeutic Intervention: A Review of the Literature."<sup>15</sup>

Enabling legislation for PSRO's was enacted on 30 October 1972 as Section 249-F of Public Law (P.L.) 92-603, the Social Security Amendments of 1972. The intent of the law was to promote "the effective, efficient, and economical delivery of health care services of proper quality."<sup>16</sup> The law requires peer review for cases in which the patients' medical care is provided under Titles 5, 18, and 19 of the Social Security Act."<sup>17</sup>

At first, emphasis was placed on audits and peer review of the medical profession. However, many social work departments began evaluating the quality of their services through peer review, in accordance with Section 1155 of P.L. 92-603. This section is to "assure, through the application of suitable procedures of professional standards review, that the services for which payment may be made under the Social Security Act will conform to appropriate professional standards for the provision of health care."<sup>18</sup> Also, the law provided for the review of the professional activities of health care practitioners such as social workers. These non-physician health care practitioners would be required to use the same basic organizational structure that is used for PSRO activities by physicians in order to "operate a quality assurance system based on peer review and develop a program of education to ensure corrective action."<sup>19</sup>

### Quality Assurance - 1970's

The 1975 NASW Delegate Assembly, in its policy position on "Health Care in the United States", endorsed the concept of a quality assurance mechanism based on professional service review. The social work profession, through NASW, was represented as vigorously addressing the complex issue of determining criteria for quality social work and health care. It was felt that social work agencies and schools of social work must continue to conduct evaluative research addressing the relationship of social work intervention to its outcome. The same article mentioned that under PSRO, the social work profession would be required to develop its own criteria of quality of care and then review the performance of its practitioners according to that criteria. The 1975 NASW Delegate Assembly placed social work on record as favoring public accountability through peer review.<sup>20</sup>

Apparently the term "quality assurance" came into social work literature in 1976 when the article, "Developing a Quality Assurance Program" discussed the JCAH and the American Hospital Association (AHA), proposing standards and suggesting guidelines for monitoring the care provided in hospitals.<sup>21</sup> These guidelines did not pertain specifically to social work departments, but departments developed quality assurance programs due to their commitment to render

effective and efficient health care services. The crisis in accountability made self-evaluation of the quality of care essential.

### Quality Health Care in the 1980's

Health care in the 1980's can be characterized by such terminology as accessibility, Diagnostic Related Groups (DRGs), technology, contracting, malpractice, increasing costs, long term care, ambulatory surgery, quality health care and quality assurance. The issue of quality health care is not new to the health care industry, however in today's competitive and cost conscious environment agreeing on a definition of what quality health care entails has been difficult. Perhaps the difficulty in defining "quality" in the health care environment is not so much asking what is quality, but to whom we ask what is quality. As explained by Donabedian (1980), the health care provider is likely to give a much different definition of "quality" than when a client is asked to explain their definition, or when querying health care administrators on their definition.<sup>22</sup>

Brook and Williams (1975) defined quality health care as follows:

$$\text{Quality of Health Care} = (\text{Technical Care}) + \text{Art of Care} + (\text{Technical Care})(\text{Art of Care}) + \text{Error}^{23}$$

"Technical Care", they concluded, includes the adequacy of the diagnostic and therapeutic process. "Art of Care" relates to the milieu, manner, and behavior of the provider in delivering care to, and communicating with, the patient. the interactive term emphasizes the notion that the two terms are not just additive. Finally, the "Error" term is included as a reminder that a measurement of any construct, such as quality, includes random error.<sup>24</sup>

In his Volume II, Donabedian (1982) further discusses the definition of "quality" in relation to the health care environment. He states that the process of health care is, itself, divisible into two major components: technical care and the management of the interpersonal relationship between the practitioner and the client.<sup>25</sup> Included in this are other important factors, such as ethical and social rules, the amenities of care and outcomes of care.<sup>26</sup> Donabedian further discusses that quantity is also related to the quality of care and that the monetary costs also play a role in the definition if one chooses to include societal gains or losses in the definition of quality. The issue of monetary costs with respect to quality is taken a step further by other authors such as Refowitz, who states, "The overwhelming emphasis has been on cost containment, with quality of care taking a secondary role".<sup>27</sup>

There are many more authors who have tried to define "quality" with respect to health care. The most recent definition of "quality" was published in the January 1987 Quality Review Bulletin, stating that quality is "the degree of adherence to generally recognized contemporary standards of good practice and anticipated outcomes for a particular service, procedure, diagnosis, or clinical problem."<sup>28</sup> However, of all definitions of "quality", this researcher feels Sidel (1976) stated it most succinctly when he wrote, "Quality is in the eye of the beholder".<sup>29</sup>

#### Elements of Quality Assurance

As one may readily surmise, the difficulty in defining "quality" has been fueled with respect to quality assurance. As was briefly cited in the historical perspective, the health care industry has participated in a voluntary accreditation process designed to improve the quality of services provided in health and health-related facilities. Voluntary accreditation is founded on the philosophy that health care professionals should assess the quality of patient care they provide. The Joint Commission on Accreditation of Hospitals, organized by health care professionals to support and maintain this philosophy, is committed to establishing and improving standards that suggest the optimal structure in which care can be delivered. The introduction of a quality assurance standard in 1979

illustrates the evolution of quality appraisal mechanisms and established parameters for the evaluation of patient care within the context of various services evaluated by the JCAH, such as anesthesia services, dietetic services, and nursing services, among others.

When the JCAH Board of Commissioners approved the 1979 quality assurance standards for hospitals, the board eliminated the numerical requirements for patient care audits. This action emphasized JCAH's broader and more flexible approach to quality assurance. Audits became just one of the many methods for assessing and monitoring quality of care.

Interviews with the Social Work Consultant to The Army Surgeon General and the Health Services Command Social Work Consultant supported the literature reviewed, and acknowledged both the Army's and the Health Services Command's commitment to the 1987 Quality Assurance Standards established by the JCAH. An effort to establish a uniform assessment methodology is both sought and desired by both consultants, and noted to be an invaluable means of determining the Army's current status on quality assessment.

To gain a more thorough understanding of the JCAH Quality Assurance Standards, as put out in their Accreditation Manual for Hospitals (AMH), and the relationship to a U.S. Army Quality Assessment program, one

must be knowledgeable of the four elements of quality assurance and their inter-relationships. These four elements consist of: 1) Patient care assessment; 2) Utilization review (UR); 3) Credentialing; and 4) Risk Management(RM). AR 40-66 requires that these four elements be involved in any U.S. Army Medical Department Activity (MEDDAC), U.S. Army Medical Center (MEDCEN), and U.S. Army Dental Activities (DENTAC).<sup>30</sup> This requirement would also apply to any MEDDAC or MEDCEN Social Work Service Quality Assurance Program.

Figure 1 graphically illustrates the relationships between these four elements of quality assurance.

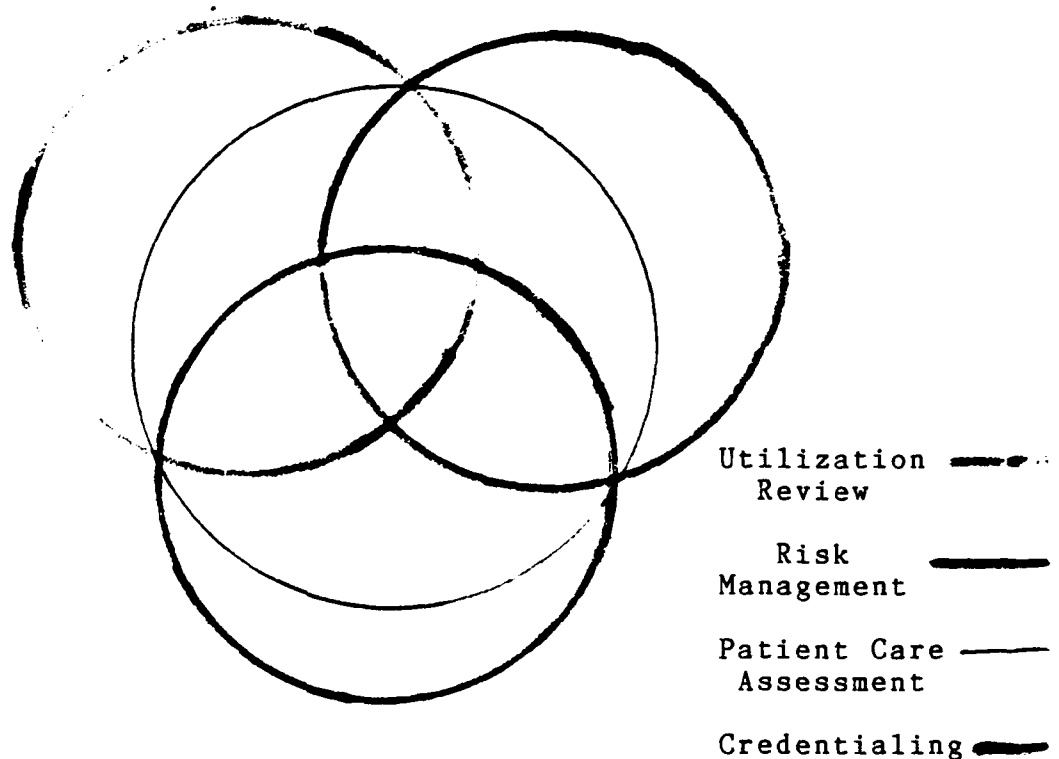


Figure 1

ILLUSTRATION OF QA AND THE INTERRELATIONSHIPS  
OF PATIENT CARE ASSESSMENT, UR, CREDENTIALING, AND RM



The first element, patient care assessment, is the aspect of care which deals directly with the patient. This is probably the element of quality assurance with which most are familiar, such as medical record reviews, department generic screens, patient satisfaction surveys, etc. These include the development and monitoring of predetermined departmental aspects and agreed upon criteria of what constitutes delivery of quality patient care.

Utilization review is the on-going evaluation of health resources management.<sup>31</sup> This review is not only the length-of-stay, it also covers the appropriateness of referrals, services rendered, discharge planning, etc. The aim of utilization review is cost containment, or proper allocation of resources without reducing the quality of patient care. In effect, utilization review is peer review.<sup>32</sup>

The third element of quality assurance is credentialing. Within the U.S. Army, individual clinical privileges will be delineated for all health care practitioners given the authority and responsibility for making independent decisions to initiate or alter a regimen of medical or dental care.<sup>33</sup> When clinical social workers meet this criteria, they will be granted individual clinical privileges. Each clinical department must develop standards for the granting of practicing privileges, and privileges may be granted only by the Hospital Credentials Committee.

The last element of quality assurance is risk management. This element deals with accidents and injury prevention (to staff and patients), and the reduction of financial losses after an incident has occurred. Risk management has received great attention and importance in recent years, especially after the Darling vs. Charleston Community Memorial Hospital court ruling in 1965.<sup>34</sup> This case set a precedence for hospitals to be liable for action by physicians and hospital employees. It is not realistic to believe that a service or department will be free of risk management problems. People will still slip and fall on floors. "Freak" accidents will continue to occur. However, risk management deals with identifying trends to distinguish the one-time accident from patterns of adverse occurrences. One may think of quality assurance as providing optimal care, whereas risk management deals with providing acceptable care.

In 1984, the U.S. Army Medical Department published Department of the Army (DA) Form 5365R (Appendix A), which was modeled after Dr. Joyce Craddick's Medical Management Analysis.<sup>35</sup> This DA Form 5365R is utilized by all U.S. Army hospitals to distinguish isolated risk management patient care occurrences from trends of sub-optimal care being provided. Because the care is being screened in part concurrently, prompt response to potential risk management concerns can be identified.

Quality assurance encompasses the detection, evaluation, and resolution of problems directly related to patient care, that is, quality assurance deals with the identification of, and response to, problems that affect the care and treatment of patients. Only some problems identified through risk management, utilization review, and credentialing have a direct impact on the care provided to patients.

## CHAPTER III

### SPATH'S QUALITY ASSESSMENT METHODOLOGY

#### Introduction

As defined by the JCAH, an effective QA program is designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care and clinical performance, and resolve identified problems in care and in performance.<sup>36</sup> In Chapter II of this research paper, quality is defined as put forth by the JCAH. Appropriateness as defined by the JCAH is the extent to which a particular procedure, treatment, test, or service is effective, is clearly indicated, is not excessive, is adequate in quantity, and is provided in the inpatient, outpatient, home, or other setting best suited to the patient's needs.<sup>37</sup>

The 1984 JCAH Accreditation Manual for Hospitals (AMH) included the new "quality and appropriateness" standards for hospital quality assurance activities.<sup>38</sup> Social Work Services was one of the many hospital based departments/ services affected by this change. The major change from the previous requirements was that social work services are required to have a system for the on-going monitoring and evaluation of the quality and appropriateness of patient care and resolving identified problems.<sup>39</sup> The previous time-frame

requirements were eliminated, requiring the social work service to provide for "on-going" monitoring of the quality of their services rather than quarterly, monthly or yearly studies.

#### Spath's Six-Step Method

Patrice Spath (1984) recommended a six-step approach to quality assurance. Her six-step approach was standardized and mandated in the 1984 AMH. The 1987 AMH also includes the changes made in 1984. The six steps are divided into four functional categories, and are as follows:

##### A. Monitoring

1. Development of a planned and systematic method for monitoring and evaluating the quality and appropriateness of services provided.

2. Routine collection of information about the important aspects of the service and periodic assessment of the information to assure conformance with acceptable levels of performance.

##### B. Evaluation

3. Establishment of criteria or acceptable levels of performance by which to measure acceptable quality. These criteria must reflect current knowledge and clinical practice.

### C. Problem-Solving

4. Development of action plans to correct important problems which are identified in the monitoring process.

5. Evaluation of the effectiveness of actions taken to correct problems.

### D. Documentation

6. The findings and analysis of the monitoring activities and the actions taken to correct problems and improve patient care are documented, reported as appropriate, and integrated with the overall hospital quality assurance program.<sup>40</sup>

### Quality Assurance Functions

In order for a social work service quality assurance plan to comply with Spath's six-step methodology, the following functions must be performed.

### On-Going Monitors

The social work service is required to evaluate the quality of its services. As was already mentioned, this requirement is no longer fulfilled by performing a specific number of studies each year. The JCAH requires the social work service to develop its own individual methods by which it can evaluate its services in a systematic, on-going manner.<sup>41</sup>

Spath further explains a procedure for developing ongoing monitors in the following outline:

1. Define the objectives of the department;
2. Identify critical indicators of quality which measure departmental quality in accordance with the defined departmental objectives.
3. Develop methods to collect data on each of the quality indicators.
4. Establish criteria for each quality indicator which reflect acceptable quality based on current professional knowledge and practice.
5. On a regular basis, analyze the quality indicators using the established criteria of practice.
6. Identify variations from acceptable standards of practice which warrant improvement or further study. Initiate problem-solving activities when variations are identified.
7. On at least an annual basis, re-evaluate the departmental standards of practice to ensure their consistency with current professional knowledge and practice. Change the standards if necessary.
8. On at least an annual basis, re-evaluate each quality indicator to ascertain its continued efficacy in measuring departmental quality and its consistency with departmental objectives.

9. Document and report quality assurance monitoring activities to the quality assurance program in accordance with the reporting schedule outlined in the hospital-specific quality assurance plan.<sup>41</sup>

#### Problem-Solving Activities

When problems are identified via the on-going monitors, or during routine social work departmental functions, activities designed to analyze and solve those problems are required. These may be as involved as formal studies when the problem is unknown, or as simple as changing procedures when the problem source is known. Problem-solving activities are not required until a problem has been identified. Spath explains the problem-solving function in the following outline.

1. Two types of problems or "variations from acceptable practice" may be evaluated: those identified during the on-going monitoring activities, or those identified during the routine functions of the department. Both may be analyzed and resolved using the problem-solving activity.

2. The first step in a problem-solving activity is to validate the existence of a variation from acceptable practices. A one-time occurrence, not expected to recur, may not warrant further study or problem-solving. A well-documented variation from acceptable practice or established departmental standards does, however, require resolution.



3. Problem-solving activities include:

a. Formal studies (when the source or scope of the problem is not readily identified);

b. Immediate problem resolution (when the source and scope of the problem is evident).

4. Problem resolution must be specific to the problem identified and must include a plan for re-analysis of the issue to insure elimination of the problem.

5. Document and report problem-solving activities to the quality assurance program in the required format and in accordance with the reporting schedule outlined in the hospital-specific quality assurance plan.<sup>42</sup>

Follow-Up Evaluations

Follow-up is the final step of the problem-solving activity. Each change made to solve a problem must be re-evaluated to ascertain continued resolution of the problem. The data from this follow-up evaluation step is used in documenting the effectiveness of the social work service quality assurance plan.

To explain the follow-up function, Spath describes the following process:

1. Whenever a problem-solving activity is completed, a plan for follow-up must be documented. Follow-up evaluations must be done at the time specified in the original problem-solving activity.

2. Follow-up evaluations include:
  - a. Continued review of the departmental quality indicators to identify positive changes.
  - b. Repeat formal studies.
3. If the follow-up evaluation does not show problem resolution, problem-solving activities must be repeated.
4. Document and repeat follow-up evaluations to the department quality assurance plan in the required format and in accordance with the reporting schedule outlined in the hospital-specific quality assurance plan.<sup>43</sup>

#### 1987 JCAH

With regard to Assumption 1 in Chapter 1 of this research paper, it is appropriate to note at this time that the 1986 JCAH AMH Standards for Social Work Services has remained the same during the research period. The only change which occurred in the 1987 JCAH AMH Standards for Social Work Services was that each standard was given a two-letter code standing for the title of the chapter in which it appears and the number of appearance within the chapter. Appendixes B and C are provided illustrating these changes.

Prior to the development of the social work service quality assurance assessment tool, an understanding of what the 1987 JCAH requires in a quality assurance plan is needed. The 1987 JCAH AMH Social work Services Standard 3 (S0.3) requires that the social work service develop written

policies and procedures for its quality assurance program and identify the individual responsible for overseeing the effectiveness of the QA program.<sup>44</sup>

This rewritten plan should describe the Social Work Service (SWS) QA program's objectives, organization, and scope. The objectives of the plan should focus on clinical care of patients, involve objective assessment, and include expected improvements of care.<sup>45</sup> The organization of the SWS QA program should be described, including the relationship between the SWS QA program and other hospital organizational functions, and the responsibilities of individuals within the SWS providing for the direction and support of the SWS QA program (SO.1.8).<sup>46</sup> The scope of the SWS QA program should include, at a minimum, evaluation of the following: the quality and appropriateness of the treatment procedures; entries made in the medical record; clinical performance; and patient satisfaction.<sup>47</sup>

#### Seven Characteristics of a QA Plan

As was outlined earlier in Spath's Six-Step Quality Assurance Methodology, the JCAH has listed seven characteristics which are essential to the successful operation of a SWS QA program. It is easy to see the parallel between Spath's six-step methodology and the seven JCAH characteristics. The JCAH SWS QA standard seven

characteristics are that the QA plan: 1) is planned, systematic, and on-going; 2) is comprehensive; 3) is based on objective criteria that reflect current knowledge and clinical experience and that these criteria are developed, and/or applied, by the practitioners providing the care or service; 4) is accomplished by the collection and periodic evaluation of data; 5) results in appropriate actions to resolve identified problems; 6) is continuous, in an effort to ensure that improvements in care and performance are sustained; and 7) is coordinated and information is derived from the monitoring and evaluation of activities shared among the clinical staff within the organization and that this information is used to detect trends, patterns of performance, or potential problems that affect more than one clinical area.<sup>48</sup>

#### Nine-Step Method

In order for a SWS to comply with the seven JCAH characteristics listed above, the JCAH has developed a nine-step methodology which is recommended when developing or evaluating a departmental QA plan.

Step 1. Assign responsibility. Although the hospital commander in a U.S. Army MEDDAC or MEDCEN is ultimately responsible for requiring and supporting the SWS QA program, a designated individual can be responsible for the overall operation of the SWS QA program.<sup>49</sup> This person (usually the

SWS Chief) identifies and defines the monitoring and evaluation responsibilities within the SWS and ensures that those responsibilities are fulfilled.

Step 2. Delineate the scope of care or service. This step involves identifying the therapeutic modalities used by the SWS (services provided), as well as by defining the types of patients serviced.<sup>50</sup>

Step 3. Identify important aspects of care or service. This step involves identifying the clinical activities considered most important in providing patient care.<sup>51</sup> Clinical activities which involve a high volume of patients, that entail a high risk for patients, or that tend to produce problems for staff or patients, should be considered most important for purposes of monitoring and evaluation, i.e., the SWS should focus on activities that have the greatest impact on patient care services provided.

Step 4. Identify indicators. An indicator is a defined, measurable dimension of the quality or appropriateness of an important aspect of care or service.<sup>52</sup> Indicators specify the patient care activities, events, occurrences, or outcomes that are to be monitored and evaluated in order to determine whether those aspects of patient care conform to current standards of acceptable practice. In many instances, the individual SWS may set its own standards of acceptable practice.

Step 5. Establish criteria. Criteria are used to evaluate the indicators and may be thought of as "yardsticks" or "baselines" against which the quality and appropriateness of an aspect of care, as defined by an indicator, can be measured. For a given indicator, criteria define what the SWS considers to be acceptable patient care. Criteria should be objective and predetermined and should reflect current knowledge and clinical experience.<sup>53</sup> Criteria should not be absolute standards of care. Rather, they are tools for identifying practices that should be subjected to closer scrutiny by the SWS staff.

Criteria for each indicator can be identified or developed through a review of literature, an examination of standards of care or professional practice, or a review of the SWS's own policies and procedures. No specific number of criteria need be selected for monitoring an indicator. However, the selected criteria should relate specifically to the indicator and should distinguish between acceptable and unacceptable care.

Step 6. Collect and analyze data. In order to collect and analyze data, a data-collection method needs to be identified. This requires identifying the data source, determining the sample size, setting a time frame, and finding who will collect and analyze the data.<sup>54</sup> Rather than create all new data sources and data-collection methods, the SWS should attempt to use existing sources and methods when

appropriate, such as patient medical records, hospital admission data, patient satisfaction surveys, direct observation of staff or patients, minutes or reports of committee meetings, and utilization review findings.

Step 7. Take actions to resolve problems. After collecting and analyzing data, the SWS will sometimes find that the care provided met the pre-established criteria and thus is acceptable. In such cases, the only action required is documentation of the provision of that quality care. Occasionally the results of data analysis will point to an area of concern, a specific problem, or point out an opportunity to improve care or performance. When this occurs, a plan is formulated to resolve or reduce the identified problem or to improve care; corrective action is initiated.

A plan of corrective action identifies who or what is expected to change; who is responsible for implementing action; what action is appropriate in regards to the cause, scope, and severity of the problem; and when change is expected to occur.<sup>55</sup>

Step 8. Assess the actions and document improvements. The same monitoring and evaluation activity that identified the problem continues to ensure that the problem has been resolved and that problem resolution is sustained, although

the time frame of data collection or evaluation may change.<sup>56</sup>  
The results of continued monitoring and evaluation are carefully documented to provide a record of the efficacy of the process.

Step 9. Share information with the QA program and among the clinical and administrative staffs. Information from monitoring and evaluation activities is most useful when it is shared among clinical departments or services. This sharing of information can be accomplished by discussing QA findings at committee meetings, appropriately routing reports of QA activities, and routing minutes of meetings that address QA activities.<sup>57</sup>



## CHAPTER IV

### SOCIAL WORK SERVICE ASSESSMENT TOOL

#### Development of a Social Work Service QA Assessment Tool

The following assessment tool has been staffed through the Social Work Consultant to The Army Surgeon General and approved by the Quality Assurance Consultant to The Army Surgeon General. A rating scale for each question has been added to the assessment tool, and the final draft of the assessment tool is included as Appendix D. The rating scale of the assessment tool will be explained in Chapter V.

For a CONUS Army Hospital Social Work Services Quality Assurance Plan to comply with information found in the literature review, applicable Army Regulations, Spath's six-step methodology and the 1987 JCAH AMH, a social work services QA plan should answer the following questions:

1. Does the plan have a Statement of Purpose?<sup>58</sup>
2. Does the plan indicate the department quality assurance committee membership?<sup>59</sup>
3. Does the plan indicate specific quality assurance responsibilities of staff members?<sup>60</sup>
4. Does the plan stipulate the relationship between quality assurance activities and the credentialing process within the department?<sup>61</sup>

5. Does the plan state what practicing privileges can be granted to credentialed providers?<sup>62</sup>
6. Does the plan stipulate the relationship between the quality assurance activities and continuing education?<sup>63</sup>
7. Does the plan state how patients gain access to services provided?<sup>64</sup>
8. Does the plan distinguish between the quality assurance activities and utilization review?<sup>65</sup>
9. Does the plan distinguish between quality assurance activities and risk management?<sup>66</sup>
10. Does the plan identify methods of integration with other military services (Army Community Service, Army Drug and Alcohol Prevention and Control Program, etc.)?<sup>67</sup>
11. Does the plan identify methods of integration with civilian services?<sup>68</sup>
12. Does the plan define the objectives of the department?<sup>69</sup>
13. Does the plan identify critical indicators of quality which measure departmental quality in accordance with the defined departmental objectives?<sup>70</sup>
14. Does the plan list critical indicators for each service offered?<sup>71</sup>

15. Does the plan include prioritization of critical indicators?<sup>72</sup>
16. Has the plan developed methods to collect data on each of the quality indicators?<sup>73</sup>
17. Are criteria for each quality indicator established which reflect acceptable quality based on current professional knowledge and practice?<sup>74</sup>
18. Are the established criteria analyzed on a regular basis?<sup>75</sup>
19. Does the plan state how these criteria will be evaluated?<sup>76</sup>
20. Does the plan identify the variations from acceptable standards of practice which will warrant improvement or further study?<sup>77</sup>
21. Does the plan establish criteria for acceptable levels of performance for each provider?<sup>78</sup>
22. Has the plan been authenticated and reviewed within the past 12 months?<sup>79</sup>
23. Does the plan state how the annual review will be conducted?<sup>80</sup>
24. Does the plan identify methods of integration with the hospital quality assurance plan?<sup>81</sup>
25. Does the plan include prioritization of concern for problems identified?<sup>82</sup>

26. Does the plan state what will be the criteria to validate the existence of a variation from the acceptable standards of practice?<sup>83</sup>
27. Does the problem resolution process in the plan include techniques for re-analysis of the identified problems to ensure elimination of the problem?<sup>84</sup>
28. Does the plan state how problem solving activities are documented and integrated with the hospital quality assurance plan?<sup>85</sup>
29. Does the plan include tracking mechanisms of follow-up activities on resolved problems?<sup>86</sup>
30. Does the plan identify how follow-up activities on resolved problems will be documented?<sup>87</sup>
31. Does the plan state how the documented follow-up activities are integrated with the hospital quality assurance plan?<sup>88</sup>

## CHAPTER V

### EVALUATION

#### Evaluating WRAMC, BAMC, and FAMC Social Work Service Quality Assurance Plans

Upon staffing and approval of the CONUS Army Hospital Social Work Service Quality Assurance Tool methodology through the Social Work Service Consultant to The Army Surgeon General and the Quality Assurance Consultant to The Army Surgeon General, the individual social work service quality assurance plans from WRAMC, BAMC, and FAMC were requested. Appendix E is a sample letter requesting a Social Work Service Quality Assurance Plan.

The CONUS Army Hospital Social Work Service Quality Assurance Plan Assessment Tool rating scale was developed utilizing a technique similiar to that used by the 1987 JCAH AMH rating scale.<sup>89</sup> The numbers 1 through 3 relate to the level of compliance with the questions in the assessment tool. An explanation of the scale follows:

-1- Substantial compliance, indicating that the social work service consistently meets the characteristics of the question.

-2- Partial compliance, indicating that the social work service meets some characteristics of the question.

-3- Noncompliance, indicating that the social work service fails to meet characteristics of the question.

At this time, refer to Appendix F (WRAMC Social Work Service Quality Assurance Plan), Appendix G (FAMC Social Work Service Quality Assurance Plan) and Appendix H (BAMC Social Work Service Quality Assurance Plan). The corresponding evaluation of each SWS will follow as Appendixes F1 (WRAMC), G1 (FAMC), and H1 (BAMC). While applying the evaluation tools, this researcher has included a description after each assessment tool question, which identifies which section within the MEDCEN SWS QA Plan that answers, or attempts to answer, the requirements of each question asked in the assessment tool. Appendixes F1, G1~~X~~, and H1 will guide the reader through each MEDCEN SWS QA Plan, analyzing and describing each individual SWS QA Plan.

#### Walter Reed Army Medical Center

The Social Work Service Quality Assurance Plan from Walter Reed Army Medical Center (Appendix F) and the corresponding evaluation (Appendix F1) indicates that the QA plan scored -1- on 20 of the questions asked on the evaluation tool (64.52%), -2- on 6 of the questions asked on the evaluation tool (19.35%), and -3- on 5 of the questions asked on the evaluation tool (16.13%). For specific discrepancies noted for each question, refer to Appendix F1.

### Fitzsimons Army Medical Center

The Social Work Service Quality Assurance Plan from Fitzsimons Army Medical Center (Appendix G) and the corresponding evaluation (Appendix G1) indicates that the QA plan scored -1- on 13 of the questions asked on the evaluation tool (41.94%); -2- on 9 of the questions asked on the evaluation tool (29.03%), and -3- on 9 of the questions asked on the evaluation tool (29.03%). For specific discrepancies noted for each question, refer to Appendix G1.

### Brooke Army Medical Center

The Social Work Service Quality Assurance Plan from Brooke Army Medical Center (Appendix H) and the corresponding evaluation (Appendix H1) indicates that the QA plan scored -1- on 3 of the questions asked on the evaluation tool (9.68%), -2- on 12 of the questions asked on the evaluation tool (38.71%) , and -3- on 16 of the questions asked on the evaluation tool (51.61%). For specific discrepancies noted for each question, refer to Appendix H1.

### Summary

Appendix I is a summary indicating the evaluation results of WRAMC, FAMC, and BAMC Social Work Service Quality Assurance Plans. As indicated in Appendix I, the majority of the MEDCENS evaluated scored a -1- to questions 2, 12, 15, 16, 18, 19, 22, 24, 25, 27, 28, and 31. A majority of

the MEDCENS scored a -1- or -2- to questions 1 through 4, 6, 10, 12 through 29 and 31. The majority of the MEDCENS scored a -3- for questions 5, 7 through 9, 11, and 30. Putting this data into percentages notes the following results:

Number of questions rating a -1- by the majority of MEDCENS = 38.70%

Number of questions rating a -1- or -2- by the majority of MEDCENS = 80.65%

Number of questions rating a -3- by the majority of MEDCENS = 19.35%

The majority of the MEDCEN Social Work Services Quality Assurance Plans were in substantial compliance with current Quality Assurance standards, though they failed to acknowledge certain particular questions regarding: practicing privileges provided to credentialed providers; patient access to social work services provided; differences between QA activities and utilization review and QA and risk management; the identification of integration methods with civilian services; and follow-up activities on resolved problems. This is indicated by the majority of the MEDCEN SWS QA plans answering 80.65% of the questions with substantial or partial compliance to the evaluation tool's questions. However, a trend noted by this researcher is that half of the questions answered (questions 5, 8, and 9) <sup>h</sup>ich were noncompliant by



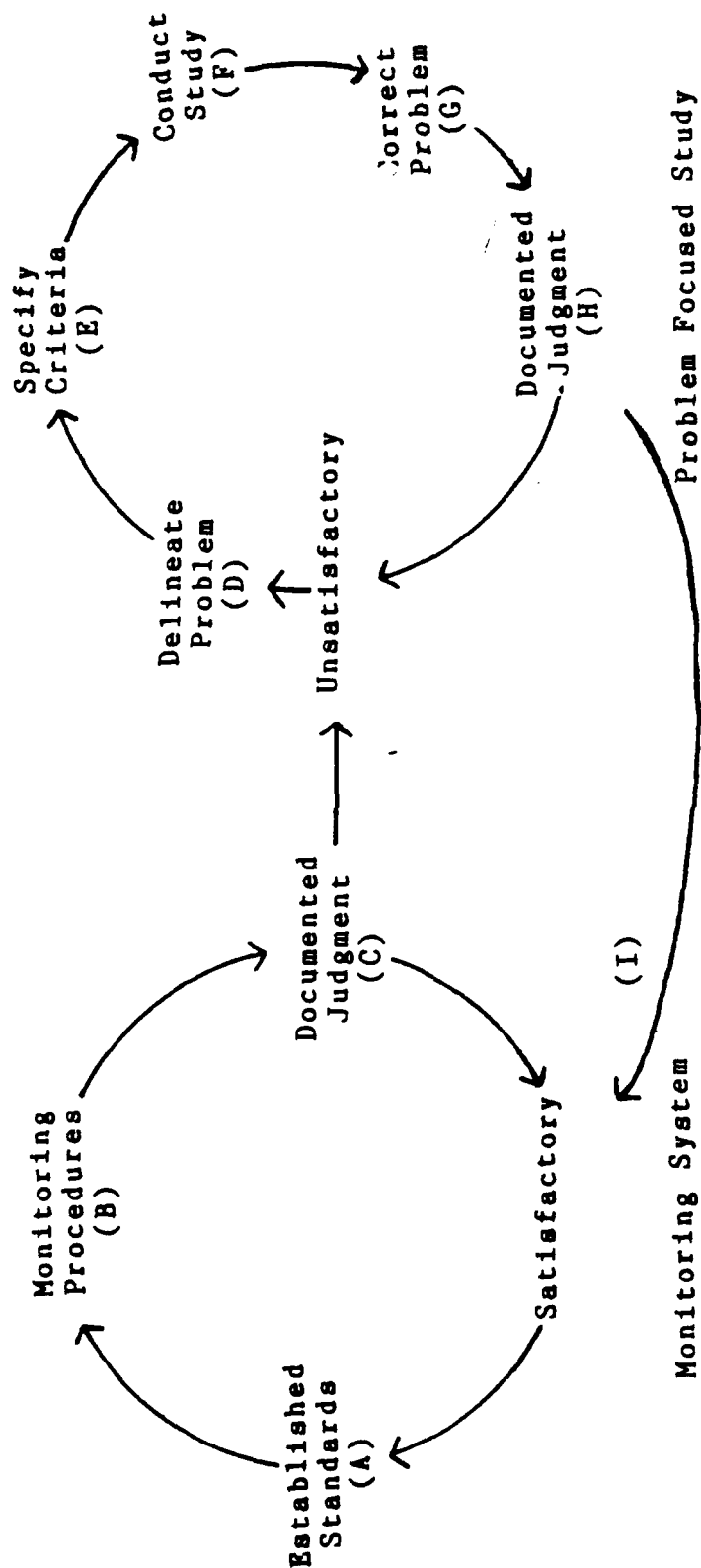
all three MEDCEN's evaluated involved the quality assurance elements credentialing, utilization review and risk management which were explained in Chapter II, Figure 1 of this paper.

## CHAPTER VI

### CONCLUSION

Although the Social Work Services Quality Assurance Assessment Tool developed by this researcher was used to evaluate three U.S. Army Medical Centers (MEDCENS), its use is also applicable to U.S. Army Medical Department Activities (MEDDACs). The QA tool is a comprehensive, objective criteria/indicator based means to evaluate any<sup>U.S. ARMY HOSPITAL</sup> social work service quality assurance plan. For an appropriate use of the QA tool, an individual medical facility must establish the service it provides to meet the unique needs of the patient population it serves.

Figure 2 brings together all the components of the social work service assessment tool in relation to the quality assurance cycle as described by the JCAH.<sup>90</sup> The numbers provided relate to the questions asked in the evaluation tool. The loop is closed, as all activities in the quality assurance cycle are covered by the assessment tool developed by this researcher. There are instances where questions on the evaluation tool relate to one or more aspects of the quality assurance cycle.



#### Applicable Questions:

- A. 5, 7, 10, 11, 12, 14, 17, 18, 19, 21, 22, 25, 26, 28
- B. 13, 14, 15, 16, 18
- C. 15, 20, 21, 25, 26
- D. 15, 20, 25
- E. 21, 26
- F. 28
- G. 27
- H. 28, 31
- I. 29, 30

#### Questions Developing the QA Plan:

- 1, 2, 3, 4, 6, 8, 9, 23, 24

Figure 2

Quality Assurance Cycle<sup>91</sup>

As has been mentioned, quality assurance mechanisms are part of the standards for social workers developed by the JCAH and NASW. Increasingly, the demand for a precise, established accountability program is confronting hospital social workers. Their ability to develop, implement and use such systems will determine to a great extent on their effectiveness in establishing a power base from which to expand social work services.

Problems can often arise in a social work service from the failure to document services provided. This failure can restrict the social work service director's request for additional staff, but cannot adequately demonstrate, through available records, a genuine need for more personnel. A properly written, conducted, and documented quality assurance plan can prove highly useful in illustrating this need for increased social work staffing. It is also useful in showing what kinds of services are being provided, what additional programs may be needed, and the impact on the total treatment process. A comprehensive quality assurance program is one of the primary standards that social work must adhere to. It lends itself to evaluating both the quality and quantity of services provided to patients and can be a powerful tool in securing added resources for program and staff development.

The definition of "quality" health care cannot be overemphasized when utilizing the QA tool. To determine that a given MEDCEN or MEDDAC has answered all of the questions with substantial compliance does not mean that "quality" health care is indeed being provided. Quality care can only be assured by the commitment of individual social work professionals who provide the care. Without individual commitment and involvement in quality assurance activities, the actual written quality assurance plan is merely that - a written quality assurance plan.

APPENDIX A

DA Form 5365R  
Occurrence Screening Checklist

# **OCCURRENCE SCREENING CHECKLIST**

For use of this form, see HCDA Letter 40-84-5. The proponent agency is the Office of The Surgeon General.

CRITERIA NUMBER	TYPE OF OCCURRENCE	OCCURRENCE FOUND		ADDITIONAL DESCRIPTIVE COMMENTS (IF ANY)
		YES	NO	
1	Admission within three months for condition which may represent complication of previous outpatient treatment			
2	Readmission within six months for condition which is possibly a complication of previous treatment			
3	Hospital incurred incident including drug or transfusion reaction			
4	Unexpected transfer from general care bed to special care unit			
5	Unanticipated transfer to another acute care facility			
6	Cardiac or respiratory arrest			
7	Organ failure (heart, kidney, lung, brain) not present on admission			
8	Death			
9	Neurosensory or functional deficit; intractable pain not present on admission			
10	APGAR score of four or less at one minute or seven or less at five minutes			
11	Injury of organ/body part during invasive procedure (including obstetric delivery)			
12	Unexpected return to the OR			
13	Unplanned removal or repair of normal body part during surgery (not documented on the informed consent)			
14	Post operation complication			
15	Acute MI or CVA within 48 hours after elective surgery			
16	Operation for removal of foreign body left in operative site			
17	Repeat invasive diagnostic procedure during same admission			
18	Discharged against medical advice			
PATIENT'S NAME, REGISTER NUMBER AND WARD		NAME OF PRACTITIONER AND DATE COMPLETED		
		<p align="center"><i>If additional space is needed for completing the checklist, continue on a separate sheet of paper. Be sure to identify items by number.</i></p>		

**CLINICAL ANALYSIS OF OCCURRENCE**

**REVIEWING DEPARTMENT/SERVICE CHIEF/COMMITTEE CHAIRPERSON**

**EVALUATION**

**OCCURRENCE WARRANTS FURTHER REVIEW BY QA COMMITTEE**

☐ **YES**

☐ **NO**

**SIGNATURE OF EVALUATOR (After signing forward to QA Coordinator)**

**DATE**

**ACTION TAKEN BY QA COMMITTEE**

☐ **NONE REQUIRED**

☐ **YES (Explain)**

**SIGNATURE OF QA/MC CHAIRPERSON**

**DATE**



APPENDIX B

1986 JCAH AMH Standards for Social Work Services

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## 21. Social Work Services

### Standard

Circle One

- 21.1 Social work services are readily available to the patient, the patient's family, and other persons significant to the patient; are well organized, properly directed, and staffed with a sufficient number of qualified individuals; and are appropriately integrated with other units and departments/services of the hospital.\*

1 2 3 4 5 NA

### Required Characteristics

- 21.1.1 The relationship of social work services to other units and departments/ services of the hospital is specified within the overall hospital organizational plan.

1 2 3 4 5 NA

- 21.1.2 The provision of social work services is based on individual patient need and the availability of community resources.

1 2 3 4 5 NA

- 21.1.3 Collaboration with representatives of the hospital administration, the medical staff, the nursing department/service, and other departments/services involved in direct patient care and, as appropriate, with representatives of community organizations is assured in the development and implementation of the social work department/service program.

1 2 3 4 5 NA

- 21.1.4 Social work services may be provided through various methods depending on the scope of services offered by the hospital and the resources available in the community.

21.1.4.1 In order of preference, social work services may be provided through the following:

21.1.4.1.1 An organized social work department/service within the hospital that has a qualified social work department/service director employed on a full-time basis;

1 2 3 4 5 NA

21.1.4.1.2 A qualified social worker employed on a part-time basis; or

1 2 3 4 5 NA

21.1.4.1.3 Outside social work services obtained through a written agreement with another hospital, a school of social work, a community agency or health department, or another qualified organization providing such consultation services.

1 2 3 4 5 NA

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\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

## Circle One

- 21.1.4.1.3.1 Agreements for outside services define the role and responsibility of the hospital and of the outside service. 1 2 3 4 5 NA
- 21.1.5 When a hospital does not have a qualified social worker employed on a full-time or part-time basis, it has a designated employee to coordinate and assure the provision of social work services. 1 2 3 4 5 NA
- 21.1.5.1 This employee is knowledgeable about pertinent community agencies, institutions, and other resources. 1 2 3 4 5 NA
- 21.1.5.2 Whenever possible, this individual is the equivalent of a social work assistant. 1 2 3 4 5 NA
- 21.1.6 When a qualified social worker is not available on at least a regular part-time basis to direct and provide social work services, a qualified social worker provides consultation.\* 1 2 3 4 5 NA
- 21.1.6.1 The regular visits, services performed, findings, and recommendations of such an individual are documented in writing. 1 2 3 4 5 NA
- 21.1.6.2 The frequency of visits assures that at least the requirements of this chapter of the *Manual* are met. 1 2 3 4 5 NA
- 21.1.7 Regardless of the mechanism used to provide social work services, facilities are readily accessible and permit privacy for interviews and counseling as needed. 1 2 3 4 5 NA
- 21.1.8 In a hospital with an organized social work department/service, a qualified social worker directs the provision of social work services.\* 1 2 3 4 5 NA
- 21.1.8.1 This individual is responsible to the chief executive officer or his administrative or medical designee. 1 2 3 4 5 NA
- 21.1.8.2 The social work department/service director has the authority and responsibility for carrying out established policies and for providing overall direction in the continuing operation of the service. 1 2 3 4 5 NA
- 21.1.8.3 The director assures that the monitoring and evaluation of the quality and appropriateness of social work services are performed and that actions are taken based on the findings of such activities.\* 1 2 3 4 5 NA
- 21.1.9 Social work services are provided by a sufficient number of qualified personnel.\* 1 2 3 4 5 NA
- 21.1.9.1 Such personnel may include social work supervisors; graduate social workers, such as research social workers, caseworkers, and group workers; social work assistants; and other supportive personnel.
- 21.1.10 The size of the staff is related to the scope and complexity of the hospital's services and to the social needs of the patients served.\* 1 2 3 4 5 NA
- 21.1.10.1 When emergency, rehabilitative, psychiatric, long term care, or home care services are provided by the hospital, related social work services are a valuable adjunct to good care.

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

## Circle One

21.1.10.2 Refer also to the "Rehabilitation Services" and "Home Care Services" chapters of this *Manual*.

21.1.11 Social work department/service personnel are currently licensed, registered, or certified as legally required.\*

1 2 3 4 5 NA

## Standard

21.2 Social work department/service personnel are prepared for their responsibilities in the provision of social work services through appropriate training and education programs.

1 2 3 4 5 NA

## Required Characteristics

21.2.1 The education, training, and experience of the personnel who provide social work services are documented and are related to each individual's level of participation in the provision of social work services.

1 2 3 4 5 NA

21.2.1.1 A formal education/training program or on-the-job training may be required.

21.2.1.2 New personnel receive an orientation of sufficient duration and substance to prepare them for their roles in the provision of hospital social work services.

1 2 3 4 5 NA

21.2.2 As appropriate, individuals who provide social work services receive instruction in the following:

21.2.2.1 The recognition of and attention to the psychosocial needs of patients and their families.

1 2 3 4 5 NA

21.2.2.2 The evaluation and treatment of crisis situations and disability resulting from the emotional, social, and economic stresses of illness.

1 2 3 4 5 NA

21.2.2.3 The provision of assistance to medical, nursing, and other health care personnel in arranging for prescribed medical (including psychiatric) alternative treatment, as well as participating in discharge planning functions.

1 2 3 4 5 NA

21.2.2.3.1 To facilitate continuity of care, assistance is provided to the patient and the patient's family in adapting to the patient care plan whether the service provided is to be continued in a home care or out-of-home care setting.

1 2 3 4 5 NA

21.2.2.4 Patient safety and infection control.

1 2 3 4 5 NA

21.2.3 Personnel who provide social work services participate in relevant continuing education, including in-service programs.

1 2 3 4 5 NA

21.2.3.1 The director of the social work department/service or qualified designee(s) contributes to the in-service education of social work and other health care personnel.

1 2 3 4 5 NA

21.2.3.2 Education programs for social work department/service personnel are based, at least in part, on the findings from the monitoring and evaluation of the social work services provided.

1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

Circle One

21.2.3.3 Outside educational opportunities are provided whenever feasible, at least for supervisory social work service personnel.

1 2 3 4 5 NA

21.2.3.4 The extent of participation in continuing education is documented and is realistically related to the size of the staff and to the scope and complexity of the social work services provided.

1 2 3 4 5 NA

Standard

21.3 Social work services are guided by written policies and procedures.\*

1 2 3 4 5 NA

Required Characteristics

21.3.1 There are written policies and procedures concerning the scope and conduct of social work services.\*

1 2 3 4 5 NA

21.3.1.1 The director of the social work department/service is responsible for assuring that the development and implementation of the policies and procedures are carried out in collaboration with appropriate clinical and administrative representatives.

1 2 3 4 5 NA

21.3.1.2 The policies and procedures are subjected to timely review, revised as necessary, dated, and enforced.

1 2 3 4 5 NA

21.3.1.3 The policies and procedures are consistent with hospital and medical staff rules and regulations relating to patient care and medical records and with legal requirements.\*

1 2 3 4 5 NA

21.3.2 Social work department/service policies and procedures relate to at least the following:\*

21.3.2.1 The type of services available;

1 2 3 4 5 NA

21.3.2.2 The identification of patients and their families requiring social work services;

1 2 3 4 5 NA

21.3.2.3 The confidentiality of information;

1 2 3 4 5 NA

21.3.2.4 Consultation and referral procedures;

1 2 3 4 5 NA

21.3.2.5 The relationship of the department/service to other hospital services and outside agencies;

1 2 3 4 5 NA

21.3.2.6 The maintenance of required records, statistical information, and reports;

1 2 3 4 5 NA

21.3.2.7 Home environment evaluations for attending practitioners, as requested;

1 2 3 4 5 NA

21.3.2.8 The role of the social work department/service in discharge planning; and

1 2 3 4 5 NA

21.3.2.9 Social work functions resulting from applicable law and regulation.

1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

## Standard

## Circle One

- 21.4 Adequate documentation of the social work services provided is included in the patient's medical record.\*

1 2 3 4 5 NA

## Required Characteristics

- 21.4.1 When social work services are provided to a patient, clear and concise entries are made in the patient's medical record to permit regular communication with physicians, nurses, and other personnel involved in the patient's care.\*

1 2 3 4 5 NA

- 21.4.2 As appropriate, pertinent information relating to the following is included in the medical record:

21.4.2.1 Observations and social assessment of the patient and, as relevant, of the patient's family;

1 2 3 4 5 NA

21.4.2.2 The proposed plan for providing any required social work services;

1 2 3 4 5 NA

21.4.2.3 Any social therapy/rehabilitation provided to the patient and the patient's family;

1 2 3 4 5 NA

21.4.2.4 Social work summaries, including any recommendations for follow-up; and

1 2 3 4 5 NA

21.4.2.5 As appropriate, other pertinent information also is included in the medical record, such as home environment evaluations for the attending practitioner, cooperative activities with community agencies, and follow-up reports.

1 2 3 4 5 NA

## Standard

- 21.5 As part of the hospital's quality assurance program, the quality and appropriateness of patient care services provided by the social work department/service are monitored and evaluated, and identified problems are resolved.\*

1 2 3 4 5 NA

## Required Characteristics

- 21.5.1 The social work department/service has a planned and systematic process for the monitoring and evaluation of the quality and appropriateness of patient care services and for resolving identified problems.\*

1 2 3 4 5 NA

21.5.1.1 The director of the social work department/service is responsible for assuring that the process is implemented.\*

1 2 3 4 5 NA

- 21.5.2 The quality and appropriateness of patient care services are monitored and evaluated in all major clinical functions of the social work department/service.\*

1 2 3 4 5 NA

21.5.2.1 Such monitoring and evaluation are accomplished through the following means:

21.5.2.1.1 Routine collection in the social work department/service, or through the hospital's quality assurance program, of information about important aspects of social work services;\* and

1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

Circle One

- 21.5.2.1.2 Periodic assessment by the social work department/service of the collected information in order to identify important problems in patient care services and opportunities to improve care.\* 1 2 3 4 5 NA
- 21.5.2.1.2.1 In 21.5.2.1.1 and 21.5.2.1.2, the social work department/service agrees on objective criteria that reflect current knowledge and clinical experience.\* 1 2 3 4 5 NA
- 21.5.2.1.2.1.1 These criteria are used by the social work department/service or by the hospital's quality assurance program in the monitoring and evaluation of patient care services.\* 1 2 3 4 5 NA
- 21.5.3 When important problems in patient care services or opportunities to improve care are identified.
- 21.5.3.1 actions are taken.\* and 1 2 3 4 5 NA
- 21.5.3.2 the effectiveness of the actions taken is evaluated.\* 1 2 3 4 5 NA
- 21.5.4 The findings from and conclusions of monitoring, evaluation, and problem-solving activities are documented and, as appropriate, are reported.\* 1 2 3 4 5 NA
- 21.5.5 The actions taken to resolve problems and improve patient care services, and information about the impact of the actions taken, are documented and, as appropriate, are reported.\* 1 2 3 4 5 NA
- 21.5.6 As part of the annual reappraisal of the hospital's quality assurance program, the effectiveness of the monitoring, evaluation, and problem-solving activities in the social work department/service is evaluated.\* 1 2 3 4 5 NA
- 21.5.7 When an outside source(s) provides social work services, or when there is no designated social work department/service, the quality and appropriateness of patient care services provided are monitored and evaluated, and identified problems are resolved.\* 1 2 3 4 5 NA
- 21.5.7.1 The chief executive officer is responsible for assuring that a planned and systematic process for such monitoring, evaluation, and problem-solving activities is implemented.\* 1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

Note: Refer also to the "Quality Assurance" chapter of this *Manual*. For further requirements relating to medical records, see the "Medical Record Services" chapter of this *Manual*.

APPENDIX C

1987 JCAH AMH Standards for Social Work Services



# Social Work Services (SO)

## Standard

Circle One

- SO.1** Social work services are readily available to the patient, the patient's family, and other persons significant to the patient; are well organized, properly directed, and staffed with a sufficient number of qualified individuals; and are appropriately integrated with other units and departments, services of the hospital.\*

1 2 3 4 5 NA

## Required Characteristics

- SO.1.1** The relationship of social work services to other units and departments, services of the hospital is specified within the overall hospital organizational plan.

1 2 3 4 5 NA

- SO.1.2** The provision of social work services is based on individual patient need and the availability of community resources.

1 2 3 4 5 NA

- SO.1.3** Collaboration with representatives of the hospital administration, the medical staff, the nursing department, service, and other departments, services involved in direct patient care and, as appropriate, with representatives of community organizations is assured in the development and implementation of the social work department, service program.

1 2 3 4 5 NA

- SO.1.4** Social work services may be provided through various methods depending on the scope of services offered by the hospital and the resources available in the community.

**SO.1.4.1** In order of preference, social work services may be provided through the following:

**SO.1.4.1.1** An organized social work department, service within the hospital that has a qualified social work department, service director employed on a full-time basis:

1 2 3 4 5 NA

**SO.1.4.1.2** A qualified social worker employed on a part-time basis; or

1 2 3 4 5 NA

**SO.1.4.1.3** Outside social work services obtained through a written agreement with another hospital, a school of social work, a community agency or health department, or another qualified organization providing such consultation services.

1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

APPENDIX C

Circle One

- SO.1.4.1.3.1 Agreements for outside services define the role and responsibility of the hospital and of the outside service. 1 2 3 4 5 NA
- SO.1.5 When a hospital does not have a qualified social worker employed on a full-time or part-time basis, it has a designated employee to coordinate and assure the provision of social work services. 1 2 3 4 5 NA
- SO.1.5.1 This employee is knowledgeable about pertinent community agencies, institutions, and other resources. 1 2 3 4 5 NA
- SO.1.5.2 Whenever possible, this individual is the equivalent of a social work assistant. 1 2 3 4 5 NA
- SO.1.6 When a qualified social worker is not available on at least a regular part-time basis to direct and provide social work services, a qualified social worker provides consultation.\* 1 2 3 4 5 NA
- SO.1.6.1 The regular visits, services performed, findings, and recommendations of such an individual are documented in writing. 1 2 3 4 5 NA
- SO.1.6.2 The frequency of visits assures that at least the requirements of this chapter of this *Manual* are met. 1 2 3 4 5 NA
- SO.1.7 Regardless of the mechanism used to provide social work services, facilities are readily accessible and permit privacy for interviews and counseling, as needed. 1 2 3 4 5 NA
- SO.1.8 In a hospital with an organized social work department service, a qualified social worker directs the provision of social work services.\* 1 2 3 4 5 NA
- SO.1.8.1 This individual is responsible to the chief executive officer or his administrative or medical designee. 1 2 3 4 5 NA
- SO.1.8.2 The social work department service director has the authority and responsibility for carrying out established policies and for providing overall direction in the continuing operation of the service. 1 2 3 4 5 NA
- SO.1.8.3 The director assures that the monitoring and evaluation of the quality and appropriateness of social work services are performed and that actions are taken based on the findings of such activities.\* 1 2 3 4 5 NA
- SO.1.9 Social work services are provided by a sufficient number of qualified personnel.\* 1 2 3 4 5 NA
- SO.1.9.1 Such personnel may include social work supervisors; graduate social workers, such as research social workers, caseworkers, and group workers; social work assistants; and other supportive personnel.
- SO.1.10 The size of the staff is related to the scope and complexity of the hospital's services and to the social needs of the patients served.\* 1 2 3 4 5 NA
- SO.1.10.1 When emergency, rehabilitative, psychiatric, long term care, or home care services are provided by the hospital, related social work services are a valuable adjunct to good care.

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

SO.1.10.2 Refer also to the "Rehabilitation Services" and "Home Care Services" chapters of this *Manual*.

Circle One

SO.1.11 Social work department service personnel are currently licensed, registered, or certified as legally required.\*

1 2 3 4 5 NA

#### Standard

SO.2 Social work department service personnel are prepared for their responsibilities in the provision of social work services through appropriate training and education programs.

1 2 3 4 5 NA

#### Required Characteristics

SO.2.1 The education, training, and experience of the personnel who provide social work services are documented and are related to each individual's level of participation in the provision of social work services.

1 2 3 4 5 NA

SO.2.1.1 A formal education, training program or on-the-job training may be required.

1 2 3 4 5 NA

SO.2.1.2 New personnel receive an orientation of sufficient duration and substance to prepare them for their roles in the provision of hospital social work services.

1 2 3 4 5 NA

SO.2.2 As appropriate, individuals who provide social work services receive instruction in the following:

SO.2.2.1 The recognition of and attention to the psychosocial needs of patients and their families.

1 2 3 4 5 NA

SO.2.2.2 The evaluation and treatment of crisis situations and disability resulting from the emotional, social, and economic stresses of illness.

1 2 3 4 5 NA

SO.2.2.3 The provision of assistance to medical, nursing, and other health care personnel in arranging for prescribed medical (including psychiatric) alternative treatment, as well as participating in discharge planning functions.

1 2 3 4 5 NA

SO.2.2.3.1 To facilitate continuity of care, assistance is provided to the patient and the patient's family in adapting to the patient care plan, whether the service provided is to be continued in a home care or out-of-home care setting.

1 2 3 4 5 NA

SO.2.2.4 Patient safety and infection control.

1 2 3 4 5 NA

SO.2.3 Personnel who provide social work services participate in relevant continuing education, including in-service programs.

1 2 3 4 5 NA

SO.2.3.1 The director of the social work department service or qualified designee(s) contributes to the in-service education of social work and other health care personnel.

1 2 3 4 5 NA

SO.2.3.2 Education programs for social work department/service personnel are based, at least in part, on the findings from the monitoring and evaluation of the social work services provided.

1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

## Circle One

SO.2.3.3 Outside educational opportunities are provided whenever feasible, at least for supervisory social work service personnel.

1 2 3 4 5 NA

SO.2.3.4 The extent of participation in continuing education is documented and is realistically related to the size of the staff and to the scope and complexity of the social work services provided.

1 2 3 4 5 NA

## Standard

SO.3 Social work services are guided by written policies and procedures.\*

1 2 3 4 5 NA

## Required Characteristics

SO.3.1 There are written policies and procedures concerning the scope and conduct of social work services.\*

1 2 3 4 5 NA

SO.3.1.1 The director of the social work department service is responsible for assuring that the development and implementation of the policies and procedures are carried out in collaboration with appropriate clinical and administrative representatives.

1 2 3 4 5 NA

SO.3.1.2 The policies and procedures are subjected to timely review, revised as necessary, dated, and enforced.

1 2 3 4 5 NA

SO.3.1.3 The policies and procedures are consistent with hospital and medical staff rules and regulations relating to patient care and medical records, and with legal requirements.\*

1 2 3 4 5 NA

SO.3.2 Social work department service policies and procedures relate to at least the following:\*

SO.3.2.1 The type of services available:

1 2 3 4 5 NA

SO.3.2.2 The identification of patients and their families requiring social work services:

1 2 3 4 5 NA

SO.3.2.3 The confidentiality of information:

1 2 3 4 5 NA

SO.3.2.4 Consultation and referral procedures:

1 2 3 4 5 NA

SO.3.2.5 The relationship of the department service to other hospital services and outside agencies:

1 2 3 4 5 NA

SO.3.2.6 The maintenance of required records, statistical information, and reports:

1 2 3 4 5 NA

SO.3.2.7 Home environmental evaluations for attending practitioners, as requested:

1 2 3 4 5 NA

SO.3.2.8 The role of the social work department service in discharge planning; and

1 2 3 4 5 NA

SO.3.2.9 Social work functions resulting from applicable law and regulation.

1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

## Standard

## Circle One

- SO.4** Adequate documentation of the social work services provided is included in the patient's medical record.\*

1 2 3 4 5 NA

## Required Characteristics

- SO.4.1** When social work services are provided to a patient, clear and concise entries are made in the patient's medical record to permit regular communication with physicians, nurses, and other personnel involved in the patient's care.\*

1 2 3 4 5 NA

- SO.4.2** As appropriate, pertinent information relating to the following is included in the medical record:

SO.4.2.1 Observations and social assessment of the patient and, as relevant, of the patient's family:

1 2 3 4 5 NA

SO.4.2.2 The proposed plan for providing any required social work services:

1 2 3 4 5 NA

SO.4.2.3 Any social therapy rehabilitation provided to the patient and the patient's family:

1 2 3 4 5 NA

SO.4.2.4 Social work summaries, including any recommendations for follow-up; and

1 2 3 4 5 NA

SO.4.2.5 As appropriate, other pertinent information also is included in the medical record, such as home environment evaluations for the attending practitioner, cooperative activities with community agencies, and follow-up reports.

1 2 3 4 5 NA

## Standard

- SO.5** As part of the hospital's quality assurance program, the quality and appropriateness of patient care services provided by the social work department, service are monitored and evaluated, and identified problems are resolved.\*

1 2 3 4 5 NA

## Required Characteristics

- SO.5.1** The social work department, service has a planned and systematic process for the monitoring and evaluation of the quality and appropriateness of patient care services and for resolving identified problems.\*

1 2 3 4 5 NA

SO.5.1.1 The director of the social work department, service is responsible for assuring that the process is implemented.\*

1 2 3 4 5 NA

- SO.5.2** The quality and appropriateness of patient care services are monitored and evaluated in all major clinical functions of the social work department, service.\*

1 2 3 4 5 NA

SO.5.2.1 Such monitoring and evaluation are accomplished through the following means:

SO.5.2.1.1 Routine collection in the social work department, service, or through the hospital's quality assurance program, of information about important aspects of social work services;\* and

1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

SO.5.2.1.2 Periodic assessment by the social work department/service of the collected information in order to identify important problems in patient care services and opportunities to improve care.*	<p>Circle One</p> <p>1 2 3 4 5 NA</p>
SO.5.2.1.2.1 In SO.5.2.1.1 and SO.5.2.1.2, the social work department/service agrees on objective criteria that reflect current knowledge and clinical experience.*	<p>1 2 3 4 5 NA</p>
SO.5.2.1.2.1.1 These criteria are used by the social work department service or by the hospital's quality assurance program in the monitoring and evaluation of patient care services.*	<p>1 2 3 4 5 NA</p>
SO.5.3 When important problems in patient care services or opportunities to improve care are identified.	
SO.5.3.1 actions are taken:.* and	<p>1 2 3 4 5 NA</p>
SO.5.3.2 the effectiveness of the actions taken is evaluated.*	<p>1 2 3 4 5 NA</p>
SO.5.4 The findings from and conclusions of monitoring, evaluation, and problem-solving activities are documented and, as appropriate, are reported.*	<p>1 2 3 4 5 NA</p>
SO.5.5 The actions taken to resolve problems and improve patient care services, and information about the impact of the actions taken, are documented and, as appropriate, are reported.*	<p>1 2 3 4 5 NA</p>
SO.5.6 As part of the annual reappraisal of the hospital's quality assurance program, the effectiveness of the monitoring, evaluation, and problem-solving activities in the social work department service is evaluated.*	<p>1 2 3 4 5 NA</p>
SO.5.7 When an outside source(s) provides social work services, or when there is no designated social work department service, the quality and appropriateness of patient care services provided are monitored and evaluated, and identified problems are resolved.*	<p>1 2 3 4 5 NA</p>
SO.5.7.1 The chief executive officer is responsible for assuring that a planned and systematic process for such monitoring, evaluation, and problem-solving activities is implemented.*	<p>1 2 3 4 5 NA</p>

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

Note: Refer also to the "Quality Assurance" chapter of this *Manual*. For further requirements relating to medical records, see the "Medical Record Services" chapter of this *Manual*.

## APPENDIX D

### Rating Scale and Draft Assessment Tool

The Social Work Service Quality Assurance Assessment Tool rating scale was modeled after the rating scale utilized by the 1987 JCAH AMH. The numbers 1 through 3 relate to the level of compliance with the questions in the assessment tool. An explanation of the scale follows:

- 1.) Substantial compliance, indicating that the social work service consistently meets the characteristics of the question.
- 2.) Partial compliance, indicating that the social work service meets some characteristics of the question.
- 3.) Noncompliance, indicating that the social work service fails to meet characteristics of the question.



SOCIAL WORK SERVICE QUALITY ASSURANCE PLAN EVALUATION

HOSPITAL:

DATE OF EVALUATION:

POC CHIEF

ADDRESS:

**CIRCLE ONE**

1.) Does the plan have a Statement of Purpose? 1 2 3

2.) Does the plan indicate the department quality assurance committee membership? 1 2 3

3.) Does the plan indicate specific quality assurance responsibilities of staff members? 1 2 3

4.) Does the plan distinguish the relationship between quality assurance activities and the credentialing process within the department? 1 2 3

5.) Does the plan state what practicing privileges can be granted to credentialed providers? 1 2 3

6.) Does the plan distinguish the relationship between the quality assurance activities and continuing education? 1 2 3

7.) Does the plan state how patients gain access to services provided? 1 2 3

**CIRCLE ONE**

8.) Does the plan distinguish between the quality assurance activities and utilization review? 1 2 3

9.) Does the plan distinguish between quality assurance activities and risk management? 1 2 3

10.) Does the plan identify methods of integration with other military services (Army Community Service, Army Drug and Alcohol Prevention and Control Program, etc.)? 1 2 3

11.) Does the plan identify methods of integration with civilian services? 1 2 3

12.) Does the plan define the objectives of the department? 1 2 3

13.) Does the plan identify critical indicators of quality which measure departmental quality in accordance with the defined departmental objectives? 1 2 3

14.) Does the plan list critical indicators for each service offered? 1 2 3

**CIRCLE ONE**

15.) Does the plan include prioritization of critical indicators?

1 2 3

16.) Has the plan developed methods to collect data on each of the quality indicators?

1 2 3

17.) Are standards (criteria) for each quality indicator established which reflect acceptable quality based on current professional knowledge and practice?

1 2 3

18.) Are the established standards (criteria) analyzed on a regular basis?

1 2 3

19.) Does the plan state how these standards (criteria) will be evaluated?

1 2 3

20.) Does the plan identify the variations from acceptable standards of practice which will warrant improvement or further study?

1 2 3

**CIRCLE ONE**

- 21.) Does the plan establish criteria for acceptable levels of performance for each provider? 1 2 3
- 22.) Has the plan been authenticated and reviewed within the past 12 months? 1 2 3
- 23.) Does the plan state how the annual review will be conducted? 1 2 3
- 24.) Does the plan identify methods of integration with the hospital quality assurance plan? 1 2 3
- 25.) Does the plan include prioritization of concern for problems identified? 1 2 3
- 26.) Does the plan state what will be the criteria to validate the existence of a variation from the acceptable standards of practice? 1 2 3
- 27.) Does the problem resolution process in the plan include techniques for reanalysis of the identified problems to insure elimination of the problem? 1 2 3

**CIRCLE ONE**

28.) Does the plan state how problem solving activities are documented and integrated with the hospital quality assurance plan?

1 2 3

29.) Does the plan include tracking mechanisms of follow-up activities on resolved problems?

1 2 3

30.) Does the plan identify how follow-up activities on resolved problems will be documented?

1 2 3

31.) Does the plan state how the documented follow-up activities are integrated with the hospital quality assurance plan?

1 2 3

COMMENTS.

**APPENDIX E**

**Sample Request Letter for Social Work Service QA Plan**



DEPARTMENT OF THE ARMY

OFFICE OF THE SURGEON GENERAL

5111 LEESBURG PIKE

FALLS CHURCH, VA 22041-3258

REPLY TO  
ATTENTION OF

SGPS-CP-G

20 November 1986

Subject: Request for BAMC Social Work Service Quality Assurance Plan

LTC Thomas R. Lawson  
Chief, Social Work Service  
Brooke Army Medical Center  
Fort Sam Houston, Texas 78234-6200

Dear LTC Lawson,

1. CPT Bradley J. Nystrom, MS, is a Army Social Worker who is presently completing his residency for the U.S. Army-Baylor University Graduate Program in Health Care Administration at DeWitt Army Community Hospital, Fort Belvoir, Virginia.
2. A major part of the residency requirement includes the completion of a Graduate Research Project. CPT Nystrom is researching Army Medical Center Social Work Service Quality Assurance Plans.
3. Please submit to CPT Nystrom a copy of your Social Work Service Quality Assurance Plan in the envelope provided.
4. I endorse CPT Nystrom's interest in his research topic. Please feel free to contact me or CPT Nystrom at Fort Belvoir autovon 354-1471/1472 if you have any questions.
5. Thank you for your timely response and cooperation.

Sincerely,

SIGNED

JESSE J. HARRIS

COL, MS

Social Work Consultant to  
The Army Surgeon General

APPENDIX F

WRAMC Social Work Service QA Plan



QUALITY ASSURANCE PLAN  
SOCIAL WORK SERVICE  
NOVEMBER, 1986

1. References: AR 40-66  
WRAMC Quality Assurance Plan and Directives  
Program on Hospital Accreditation Standards, 1985 Ninth Ed
2. The social Work Service (SWS) Quality Assurance(OA) plan will implement a QA program in compliance with Army Regulation 40-66, WRAMC OA plan and the standards of the Joint Commission on Accreditation of Hospitals (JCAH.)
3. Scope The scope of Social Work Quality Assurance at WRAMC includes all of its clinical activities related to patient care, supportive services and administrative activities. OA is a shared responsibility of all personnel assigned to the service and requires a committed effort to insure that the highest professional standards of care are delivered in light of budgetary and personnel constraints. This plan has been designed to encourage active participation of all staff members so as to allow timely identification and resolution of OA problems within SWS.
4. Goal. The goal of the WRAMC SWS OA Plan is the maintenance of the highest quality social work services, the identification and correction of problems, and the efficient and effective use of social service resources.
5. Objectives.
  - a. To provide a mechanism by which the documentation of services given is reviewed utilizing predetermined, objective criteria on a monthly basis.
  - b. To identify problems within SWS that have an impact on the quality of patient care.
  - c. To identify factors that contribute to the development of QA problems.
  - d. To make recommendations to the SWS OA Committee (and to the WRAMC QA Committee, when indicated ) regarding procedural changes or corrective actions that can be expected to resolve identified problems or to reduce them to acceptable levels.
  - e. To monitor identified problems and to assess the effectiveness of corrective actions.
  - f. To provide evaluation regarding the appropriateness and effectiveness of SWS at WRAMC.
  - g. To provide mechanisms by which SWS interfaces with other services, departments and programs to continually pursue optimal, achievable

standards of care and practice.

6. Organization:

a. The appointed Chairman of the SWS OA Committee is responsible for the ongoing efforts within the service and has the following responsibilities:

(1.) Develop, implement and monitor a service-wide OA program. He is responsible for ascertaining that all staff members are knowledgeable, involved, and committed to the OA objectives that pertain to their specific areas of responsibility.

(2.) Serve as chairman of the SWS OA Committee meetings. This requires, at a minimum, scheduling the monthly meetings, preparing information regarding current audits and other findings to be presented at the meetings, leading discussion of new and ongoing OA problems and summarizing proposals for resolution of the problems.

(3.) Prepare minutes of the OA meetings and other necessary reports in a timely manner. The monthly minutes will be prepared in accordance with the WRAMC OA format prescribed in the WRAMC OA directive.

(4.) Oversee the conducting of chart audits, peer review procedures, patient and staff surveys and other periodic assessment procedures.

(5.) Make periodic summary reports to the entire SWS staff regarding problems identified, resolution efforts, observable trends and other issues that affect the quality of care given by the service. This will include identifying areas that require inservice training to alleviate, reduce or avoid OA problems.

(6.) Represent the Chief, SWS at the monthly WRAMC OA Committee meeting.

b. Quality Assurance Committee

(1.) Composition. Committee membership is open to all interested SWS staff members, but will include as a minimum:

- (a) Asst. Chief, SWS
- (b) Chief, Family Advocacy Section
- (c) Chief, Medical-Surgical Section
- (d) Chief, Out-Patient SWS, Out Patient Psychiatry
- (e) Chief, In-Patient SWS, In-Patient Psychiatry
- (f) Recorder

(2.) Meeting Frequency. The committee will meet at least monthly. Three members will constitute a quorum.

(3) Functions of the Committee.

(a) Problem identification. Problems are brought to the committee's attention in the following manner:

(1) Monthly chart and peer review audits and patient and staff surveys may identify new or recurring problem areas.

(2) Committee members may bring information from other WRAMC committees of which they are members, or from routine daily activities.

(3.) Minutes from weekly staff meetings, fire and safety inspections, periodic IG and HSC inspections, etc. may reveal problem areas.

(4) Any individual or group may bring problems to the committee's attention.

(b.) Priority Setting. Priority for problem assessment and resolution is established according to whether the problem has a direct and positive impact on patient care and on whether the problem can be resolved within the purview of SWS. When problems cannot be resolved by the committee, they will be referred to the WRAMC Quality Assurance Committee.

(c) Problem Assessment. For those problems of which the cause and scope are unclear or unknown, further assessment is assigned to a responsible staff member for monitoring. A completion date is specified and the status of the assessment and resolution is reviewed monthly on the attached tracking form (see attachment 1).

(d) When the cause and scope of the problem are known, corrective action can be implemented immediately. The subcommittee recommends and reviews these corrective actions. If the recommendations transcend the committee's authority, they will be referred to the appropriate Department/Service QA committee and /or to the WRAMC QA Committee.

(e) Problem monitoring and follow-up. The QA Committee is responsible for determining that a problem has been resolved or reduced to an acceptable level. Functions within the service will be categorized so that indicators and criteria for levels of appropriate/non appropriate intervention can be determined (see attachment 2).

## 7. Program Evaluation and Monitoring

a. Medical-Surgical Section. This section will establish functions which shall be analyzed on a pre-determined basis.

(1) Monitoring and evaluating discharge functions within various areas serviced within the Center shall be basically monitored via the minutes generated in the Med-Surg weekly meeting. Major issues, trends and problems identified in this meeting shall be brought to the attention of the Social Work Service WRAMC Utilization Review Committee on an as needed basis.

(2) Discharge planning effectiveness is also monitored by use of the monthly audit results, patient questionnaires and follow-up of discharged patients. Emphasis is directed at assessing the effectiveness of the WRAMC Comprehensive Discharge Planning Program which was implemented in 1 September, 1986.

b. Family Advocacy/Out-Patient Social Work Services.

(1) The Family Advocacy Case Management Team (FACMT) will be evaluated at least annually using the Case Management Committee Performance Evaluation tool in accordance with Chapter 7, AR 608-1.

(2) The effectiveness and appropriateness of outpatient social work support to FACMT cases and other patients requesting services for problems served by this service will be monitored through peer review audits, results of patient surveys and by discussion in both clinical and administrative supervisory sessions. Reports from these efforts will be documented. The Chief of this section will also review the credentials and privileges provided to each clinician within the service to assure that the clinician is qualified to provide specified services. Violations will be reported immediately to the Assistant Chief of the Service.

c. In-Patient Psychiatry Section.

(1) The effectiveness and appropriateness of this section will be monitored through routine supervisory sessions, chart audits and patient satisfaction surveys.

(2) The Section Chief will participate in the interdisciplinary Inpatient Psychiatry Utilization Review Committee. Deviations or trends reported in this committee which impact on the delivery of Social Work Services will further tracked in this service's OA committee.

d. Out-Patient Psychiatry Section

(1) The effectiveness and appropriateness of this section will be monitored through routine supervisory sessions, chart audits and patient satisfaction surveys.

(2) The Chief of this section will participate in the Out-Patient Psychiatry OA Committee and represent this service. Critical issues or problems identified through this committee will be further tracked by this Service's OA committee.

e. Overall Social Work Service Quality Assurance Program

(1) The primary focus of the overall delivery of Social Work Service will look at broad systemic issues that impact on various systems within the Center. Once a problem is identified, emphasis is then placed on studying the problem in light of the psycho-social impact that it has upon patients, family members and the health care system/command. Recommendations for change will be proposed. Other appropriate staff agencies will be notified and their help in correcting the problem will be solicited. All phases of dealing with these systemic problems will be tracked on this service's QA record. (Attachment 1).

(2) The Social Work Service Quality Assurance Program will be evaluated periodically by external authorities. e.g. WRAMC and HSC Inspector General and the JCAH inspection team.

(3) The entire program will be assessed on an ongoing basis through evaluation of the effectiveness of its problem identification and problem resolution methods by the committee members and other Social Work staff.

#### 8. Quality Assurance Procedures.

a. Each Section Chief will be responsible for maintaining a list of QA activities which itemize and detail the status of various monitored activities or studies (See Attachment 2). This documentation will also identify the methodology utilized in the procedure and establish a time frame for the analysis.

b. The establishment of indicators and criteria for the delivery of social work services will be designed by each section Chief. Indicators and criteria will be formulated according to various functions provided within the service. It is recommended that both quantitative and qualitative indicators for the delivery of care be recorded. Such indicators are valid tools in determining the overall effectiveness of social work services provided within the Center. (See Appendix 3) .

c. The Assistant Chief, SWS will periodically assess the qualifications of each staff members to provide various levels of care. This assessment will assure that major areas of social work services are being provided according to privileges granted to each staff member by the Credentialing and Privileging committee of this Center. The Assistant Chief shall utilize procedures such as clinical/administrative supervision of subordinates; participatory case management with subordinates; peer-review process of cases completed by subordinates; and other techniques as deemed appropriate.

d. The Chairman of the SWS QA committee will be responsible for administering a Service wide questionnaire which is mailed to patients and their families who have been served by SWS staff. Questionnaires will be mailed at a minimum of once a year. Information obtained will be summarized and submitted to the QA committee for analysis. In instances in which the criticism or questions raised by the patient, the Chairman of the SWS QA committee will directly contact the individual to discuss issues and concerns raised. Information gathered from this contact will then be discussed with the Assistant Chief of SWS and the appropriate Section Chief.

e. In order to maximize the mutual learning of all social workers within the service, a viable continuing education series is conducted weekly within the Service. Quality Assurance problem areas are addressed in this training. Staff members are encouraged to continually develop their skills by attendance at training offered by other disciplines within the Center as well as attendance at conferences and workshops offered in the community.

f. This QA plan will be re-evaluated on a yearly basis as to assure relevance and other changes that occur within the Service. Comments and recommendations for change should be addressed the SWS QA Committee Chair.

# PROBLEM IDENTIFICATION AND TRACKING RECORD

SUSPECTED PROBLEM	VALIDATION #	CORRECTIVE ACT. WHAT, WHEN, RESP PARTY	REVIEW DATE	STATUS AND FURTHER ACT.	REVIEW DATE	STATUS AND FURTHER ACT.	DATE RESOLVED
Psychiatry (Wd 54 & 55) Delays in submitting unit contacts in pts records; contributes to delays in NEB's.	CPT Brinkley	Additional reservists to aid in fulfilling process-CPT Brinkley coordinating.	7/86	8/86 Documentation now submitted within time period. Addl., personnel corrected problem.	None		8/86
Ongoing delays in discharging ventriculor-dependent infants (5 cases).	Ms. Evans Pediatrics	Increase Coordinated efforts to find placements and prepare parents.	7/86	8/86 Discussion deferred	9/86	Problems still encountered (Review 11/86)	
Increase in # of families arriving in Metro DC without adequate information/resources to survive.	Med/Surg Staff	Discuss with Air Evac Committee. Disseminate information to Social Workers via consultants newsletter.	8/86	8/86 Meeting held & other depts to discuss psychosocial supports for bereaved families.	9/86	??	
Criticism from pts re: lack of consistent coverage of reception desk and phones.	Med/Surg Staff	COL David to discuss with unit administrator.	8/86	8/86 Full-time MPT assigned continue surveillance.	9/86		
Psychiatry (Wd 54 & 55) influx of AD Air Force patients. Long delays in acquiring info., from Cmd to Finance assessment.	CPT Brinkley	CPT Brinkley to meet & AF liaison office to enlist their help in gathering information.	10/86			??	

# PRIORITY

Social Work Service

Section: Out-Patient Psychiatry

MONITORING ACTIVITIES	WHAT IS BEING MONITORED	HOW OFTEN?	BY WHOM?	REPORTING			REMARKS
				FORMAT	WHERE KEPT	COPY TO	
I - Charts - -Audits -Focused	Compliance to SOP	Once every 4 months	Section Chief	Audit Form & DF	QA File	QA Committee	
	Specific Issues trends --Compliance to CHAMPUS Referrals			DF to summarize Finding	QA File	QA Committee	
II - Supervision of Staff	-Patient Care -Skill & Qualification	Weekly or PRN	Section Chief	Log or Supervisory note in Chart	Section Chief's Office	QA Committee	
III - High Risk/ or unusual cases/ trends	Special topics --Chronically Mentally Ill & use of services --Marital Cases	PRN	Section Chief	DF Summary	QA File	QA Committee	
							ATTACHMENT #2

Social Work Service

Section: In-Patient Psychiatry

MONITORING ACTIVITIES	WHAT IS BEING MONITORED	HOW OFTEN?	BY WHOM?	REPORTING			REMARKS
				FORMAT	WHERE KEPT	COPY TO	
I - Chart --Random	Compliance to Documentation SOP	Monthly	Chief of Section	Audit Form & DF	QA Folder	QA Committee	
--Focused	Specific Problems/Trends	PRN	Chief of Section	DF	QA Folder	QA Committee	
II - Supervision of Staff	Patient Care: Team Involvement	Weekly PRN	Chief & Appropriate Staff	Log: Entries in Chart	Chart & DF if Necessary	QA Committee	*Report Discrepancies to QA Coordinator
IV - High/Risks unusual cases/trends	Special Problems	As Needed	Chief of Section	DF	Within Section	QA Committee	

-1/2



Section: Family Advocacy Care Management Team

MONITORING ACTIVITIES	WHAT IS BEING MONITORED	HOW OFTEN?	BY WHOM?	REPORTING			REMARKS
				FORMAT	WHERE KEPT	COPY TO	
I - Chart Random	Compliance to AR & Documentation	Monthly	Ass't Chief or Designee	Audit Form & DF	QA Folder	QA Committee	
Focused	Specific Issues trends, system problems	As Needed	Ass't Chief or Designee	DF	QA Folder	QA Committee	
II - Supervision of Staff	Patient Care & Team Involvement	Weekly	Ass't Chief or Designee	Log of Entries in Chart	With Ass't Chief		
III - Team Meetings	Overall Delivery of care: Identification of trends	Bi-weekly	Chief of Section	Minutes	With Ass't Chief	Direct to WRAMC QA	

Section: MEDICAL-SURGICAL

MONITORING ACTIVITIES	WHAT IS BEING MONITORED	HOW OFTEN?	BY WHOM?	REPORTING			REMARKS
				FORMAT	WHERE KEPT	COPY TO	
I - Chart Audits --Random --Focuses	Compliance to SOP & Documentation Requirements outcome assessments Specific to Pt. Population --Discharge Plann- --Dialysis --AIDS --Pediatrics	Monthly PRN	SECT Chief SECT Chief or Designee	SWS Audit Form DF to summarize DF to summarize Findings.	QA File QA File	QA Committee QA Committee	
II - Supervision of Staff	--Patient Care --Team Involvement --Skill Qualifica-	Weekly or PRN	Chief of Section	Log or Super-visory entries in Chart	Section Chief's office	When Requested	
III - Section Meetings	Overall Delivery of Care: Identification of Trends	Weekly	Chief of Section	Minutes	Within Section		
IV - High Risk/ or unusual cases/trends	Special Topics --Family Members of Air-Evac'd Patients --Use of CHAMPUS for In-Home Health Care in Lieu of Hospital	As Needed Proposed for one time Analysis	Chief of Section or Designee Chief of Sect & Pediatric Social Work	DF & Other Documentation DF	Within Section Within Section	QA Committee QA Committee	

#2

SOCIAL WORK SERVICES  
FUNCTIONAL LISTING OF  
QUALITY INDICATORS AND  
CRITERIA

---

OVERALL SERVICE

COMPLIANCE: (Y/N)

1. 90% of all SWS  
Questionnaires  
shall report  
favorably

MEASUREMENT  
Analysis of  
returned  
questionnaires

2. 90% staff  
participation  
in Continuing  
Education series

MEASUREMENT  
Verification from  
attendance sheets

---

MED-SURG SERVICE

1. Consults requesting  
Discharge services  
submitted 5 days  
prior to discharge

MEASUREMENT  
Logs maintained by  
Staff

2. 90% of charts filed  
meet SWS charting  
standards

MEASUREMENT  
Monthly audits

---

IN-PATIENT PSYCHIATRY

COMPLIANCE (Y/N)

1. 95% of all unit contacts filed in charts within 15 working days after admission

MEASUREMENT

Supervisory audits of charts

2. Active participation in treatment planning sessions

MEASUREMENT

Supervisory checks

---

OUT-PATIENT PSYCHIATRY

COMPLIANCE (Y/N)

1. Submission of referrals to clinicians within 3 days after receipt

MEASUREMENT

Verification via consult log

2. Compliance to clinic charting SOP

MEASUREMENT

Audit reports

---

FACMT

See AR608-1 for criteria & indicators

APPENDIX F1

WRAMC Social Work Service Evaluation

The Social Work Service Quality Assurance Assessment Tool rating scale was modeled after the rating scale utilized by the 1987 JCAH AMH. The numbers 1 through 3 relate to the level of compliance with the questions in the assessment tool. An explanation of the scale follows:

- 1.) Substantial compliance, indicating that the social work service consistently meets the characteristics of the question.
- 2.) Partial compliance, indicating that the social work service meets some characteristics of the question.
- 3.) Noncompliance, indicating that the social work service fails to meet characteristics of the question.

SOCIAL WORK SERVICE QUALITY ASSURANCE PLAN EVALUATION

HOSPITAL: WRAMC

DATE OF EVALUATION: 15 Jun 87

POC CHIEF COL DAVID

ADDRESS: WASHINGTON, D.C.

CIRCLE ONE

1.) Does the plan have a Statement of Purpose?

1 2 ③

*NO STATEMENT OF PURPOSE. HOWEVER, SECTIONS 2, 3, 4, 7E(1) INDICATE QA PLAN PURPOSE.*

2.) Does the plan indicate the department quality assurance committee membership?

① 2 3

*SEE SECTION(S): 6B(1)*

3.) Does the plan indicate specific quality assurance responsibilities of staff members?

① 2 3

*SEE SECTIONS: 8A, 8B, 8C, 8D, 6A.*

4.) Does the plan distinguish the relationship between quality assurance activities and the credentialing process within the department?

① 2 3

*SEE SECTION: 8D*

5.) Does the plan state what practicing privileges can be granted to credentialed providers?

1 ② 3

*SECTION 8D REFERS TO WRAMC CREDENTIALS COMMITTEE.*

6.) Does the plan distinguish the relationship between the quality assurance activities and continuing education? *SEE SECTIONS: 6A(5), 8E*

1 ② 3

7.) Does the plan state how patients gain access to services provided? *NOT INDICATED IN QA PLAN*

1 2 ③

CIRCLE ONE

8.) Does the plan distinguish between the quality assurance activities and utilization review?

1 2 ③

*SECTION 7a(1) DOES MENTION UR, HOWEVER, THERE IS NO STATED DISTINCTION BETWEEN QA & UR*

9.) Does the plan distinguish between quality assurance activities and risk management?

1 2 ③

*NOT INDICATED IN QA PLAN.*

10.) Does the plan identify methods of integration with other military services (Army Community Service, Army Drug and Alcohol Prevention and Control Program, etc.)? *SEE SECTIONS: 5G, 6b(3)(a)(3), 6b(d), 7a(1), 7c(2), 7e(1).*

1 ② 3

11.) Does the plan identify methods of integration with civilian services? *SEE SECTION: 6b(3)(a)(4).*

1 2 ③

12.) Does the plan define the objectives of the department? *SEE SECTION: 5*

① 2 3

13.) Does the plan identify critical indicators of quality which measure departmental quality in accordance with the defined departmental objectives? *SEE SECTION: 8B (ATTACHMENT 3 OF WRAMC SWS QA PLAN).*

① 2 3

14.) Does the plan list critical indicators for each service offered? *SEE SECTION: 8B (ATTACHMENT 3 OF WRAMC SWS QA PLAN).*

① 2 3



CIRCLE ONE

15.) Does the plan include prioritization of critical indicators? *SEE SECTION: 6b(3)(b).*

① 2 3

16.) Has the plan developed methods to collect data on each of the quality indicators? *SEE SECTIONS: 6(e), 6(c), 7e, 8a, 8d ALSO ATTACHMENTS 1 & 2 of WRAME SWS QA PLAN.*

① 2 3

17.) Are standards (criteria) for each quality indicator established which reflect acceptable quality based on current professional knowledge and practice? *SEE SECTION: 8b*

1 ② 3

18.) Are the established standards (criteria) analyzed on a regular basis? *SEE SECTIONS: 6(c), 6(d), 6(e), 8b*

1 ② 3

19.) Does the plan state how these standards (criteria) will be evaluated? *SEE SECTIONS: 6(c), 6(d), 6(e), 8b*

① 2 3

20.) Does the plan identify the variations from acceptable standards of practice which will warrant improvement or further study? *SEE SECTION: 8b*

① 2 3

CIRCLE ONE

21.) Does the plan establish criteria for acceptable levels of performance for each provider?

SEE SECTION: 8c

① 2 3

22.) Has the plan been authenticated and reviewed within the past 12 months?

QA PLAN  
DATED NOV 1986.

① 2 3

23.) Does the plan state how the annual review will be conducted?

SEE SECTION: 7e(2), 8f

1 ② 3

24.) Does the plan identify methods of integration with the hospital quality assurance plan?

SEE SECTIONS: 5d, 6a(3)

① 2 3

25.) Does the plan include prioritization of concern for problem identified?

SEE SECTION: 6(b)

① 2 3

26.) Does the plan state what will be the criteria to validate the existence of a variation from the acceptable standards of practice?

SEE SECTION: 8b

① 2 3

27.) Does the problem resolution process in the plan include techniques for reanalysis of the identified problems to insure elimination of the problem?

SEE SECTIONS: 6(c), 6(d)

① 2 3

CIRCLE ONE

28.) Does the plan state how problem solving activities are documented and integrated with the hospital quality assurance plan? *SEE SECTIONS: 2, 6 a(3)*

① 2 3

29.) Does the plan include tracking mechanisms of follow-up activities on resolved problems? *SEE SECTION: 8a*

① 2 3

30.) Does the plan identify how follow-up activities on resolved problems will be documented? *SEE SECTION: 8a*

① 2 3

31.) Does the plan state how the documented follow-up activities are integrated with the hospital quality assurance plan? *SEE SECTION: 6 a(3)*

① 2 3

COMMENTS:

APPENDIX G

FAMC Social Work Service QA Plan

SCIP 101

# QUALITY ASSURANCE PLAN

## SOCIAL WORK SERVICE

### 1. References: AR 40-66

FAMC Regulation 15-1, FAMC QA Plan  
Accreditation Manual for Hospitals, 1983 edition, JCAH

2. Purpose. The purpose of the Social Work Service (SWS) Quality Assurance Plan is to implement a quality assurance program in compliance with Army Regulation 40-66, FAMC Regulation 15-1, and the standards of the Joint Commission on Accreditation of Hospitals.

3. Scope. The scope of social work quality assurance at FAMC includes all social work activities related to patient care, supportive services and administrative activities. Quality assurance is a shared responsibility of all personnel assigned to the Social Work Service and requires a committed effort to insure that the highest professional standards of care are delivered in light of budgetary and personnel constraints. This plan has been designed to encourage active participation of all staff members so as to allow timely identification and resolution of quality assurance problems within Social Work Service.

4. Goal. The goal of the FAMC Social Work Service Quality Assurance Plan is the maintenance of the highest quality social work services, the identification and correction of problems, and the efficient and effective use of social service resources.

### 5. Objectives.

a. To provide a mechanism by which the documentation of services given is reviewed utilizing predetermined, objective criteria on a monthly basis.

b. To identify problems within Social Work Service that have an impact on the quality of patient care.

c. To identify factors that contribute to the development of quality assurance problems.

d. To make recommendations to the Social Work Service Quality Assurance Subcommittee (and to the FAMC Quality Assurance Committee, when indicated) regarding procedural changes or corrective actions that can be expected to resolve identified problems or to reduce them to acceptable levels.

e. To monitor identified problems and to assess the effectiveness of corrective actions.

5. To provide evaluation regarding the appropriateness and effectiveness of social work services at FAMC.

6. To provide mechanisms by which Social Work Service interfaces with other FAMC services, departments and programs to continually pursue optimal, achievable standards of care and practice.

6. Organization:

a. The Chief, Family Advocacy Section, Social Work Service is responsible for the ongoing quality assurance effort within the Service and has the following responsibilities:

(1) Develop, implement, and monitor a service-wide Quality Assurance program. He is responsible for ascertaining that all staff members are knowledgeable, involved, and committed to the Quality Assurance objectives that pertain to their specific areas of responsibility.

(2) Serve as chairman of the Social Work Service Quality Assurance Subcommittee meetings. This requires, at a minimum, scheduling the monthly meetings, preparing information regarding current audits and other findings to be presented at the meetings, leading discussion of new and ongoing quality assurance problems and summarizing proposals for resolution of the problems.

(3) Prepare minutes of the Quality Assurance meetings and other necessary reports in a timely manner and in accordance with the FAMC Regulation 15-1 and the FAMC Quality Assurance Plan. The monthly minutes will be prepared in accordance with the format prescribed in Annex D of the FAMC Quality Assurance Plan.

(4) Oversee the conducting of chart audits, peer review procedures, patient and staff surveys, and other periodic assessment procedures.

(5) Make periodic summary reports to the entire Social Work Service staff regarding problems identified, resolution efforts, observable trends and other issues that affect the quality of care given by the Service. This will include identifying areas that require inservice training to alleviate, reduce, or avoid quality assurance problems.

(6) Represent the Chief, Social Work Service, at the monthly FAMC Quality Assurance Committee meetings.

b. Quality Assurance Subcommittee

(1) Composition. Committee membership is open to all interested Social Work Service staff members, but will include as a minimum:

- (a) Chief, Social Work Service
- (b) Chief, Family Advocacy Section (Chairman)
- (c) Chief, Discharge Planning Section
- (d) NCOIC, Social Work Service
- (e) Outpatient Coordinator, Social Work Service

(2) Meeting frequency. The Subcommittee will meet at least monthly. Three members will constitute a quorum.

(3) Functions of the Subcommittee.

(a) Problem identification. Problems are brought to the Subcommittee's attention in the following manner:

(1) Monthly chart and peer review audits, and patient and staff surveys may identify new or recurring problem areas.

(2) Committee members may bring information from other FAMC committees of which they are members, or from routine daily activities.

(3) Minutes from weekly staff meetings, fire and safety inspections, periodic IG and HSC inspections, etc. may reveal problem areas.

(4) Any individual or group may bring problems to the Subcommittee's attention.

(b) Priority setting. Priority for problem assessment and resolution is established according to whether the problem has a direct and positive impact on patient care and on whether the problem can be resolved within the purview of Social Work Service. When problems cannot be resolved by the Subcommittee, they will be referred to the FAMC Quality Assurance Committee.

(c) Problem assessment. For those problems of which the cause and scope are unclear or unknown, further assessment is assigned to a responsible staff member for monitoring. ~~A completion date is specified~~ and the status of the assessment and resolution is reviewed monthly.

(d) When the cause and scope of the problem are known, corrective action can be implemented immediately. The Subcommittee recommends and reviews these corrective actions. If the recommendations transcend the Subcommittee's authority, they will be referred to the appropriate Department/Service Quality Assurance Committee and/or to the FAMC Quality Assurance Committee.

(e) Problem monitoring and follow-up. The Quality Assurance Subcommittee is responsible for determining that a problem has been resolved or reduced to an acceptable level.

7. Program Evaluation.

a. Discharge Planning Section

(1) Discharge planning effectiveness shall be conducted regularly as part of the Discharge Planning Committee Minutes whereby issues and concerns are brought to the attention of the FAMC Utilization Review Committee. The Chief, Discharge Planning Section, functions as the Social Work Service representative to the Utilization Review Committee.

(2) Discharge planning effectiveness is also monitored by use of the monthly chart audit results, patient questionnaires, and follow-up of discharged patients.

b. Family Advocacy Section

(1) The effectiveness and appropriateness of outpatient social work support to patients will be monitored through peer review audits, results of patient surveys and by discussion at weekly Social Work Service Case Conferences.

(2) The Family Advocacy Case Management Team (FACMT) will be evaluated at least annually using the Case Management Committee Performance Evaluation Tool (CMC PET) in accordance with Chapter 7, AR 608-1.

c. Overall Social Work Service Quality Assurance Program

(1) During the December Quality Assurance Subcommittee meeting of each year, the Social Work Service Quality Assurance Subcommittee will conduct a review of the Social Work Service Quality Assurance Plan to assure that it continues to meet the needs of the Service and complies with all DA, JCAH, and FAMC regulations. Any proposed changes will be forwarded to the Chairman, FAMC Quality Assurance Committee for inclusion in the hospital Quality Assurance Plan.

(2) The Social Work Service Quality Assurance Program will be evaluated periodically by external authorities, e.g. FAMC and HSC Inspectors General and the Joint Commission on Accreditation of Hospitals (JCAH).

(3) The program will be assessed on an ongoing basis through evaluation of the effectiveness of its problem identification and problem resolution methods by the Subcommittee members and other Social Work staff.

3. Quality Assurance Procedures. The following are the more formal methods by which quality assurance issues and problems are raised. They can be altered, when indicated, by submitting a request and proposal to the hospital Quality Assurance Committee.

a. Inpatient Record Audits. One percent (usually ten charts) of the inpatient records of patients being followed by Social Work staff will be audited monthly utilizing the preestablished criteria delineated in Appendix A. A summary of the findings will be attached to the monthly Subcommittee minutes which are included in the FAMC Quality Assurance minutes.

b. Peer Review. One percent of the outpatient files open to Social Work Service (usually five charts) will be audited monthly utilizing the preestablished criteria found in the Peer Review checklist (Appendix B). A summary of the findings will also be attached to the monthly Quality Assurance Subcommittee minutes (Appendix C).

c. Patient and Staff Surveys. Four recently closed cases, both inpatient and outpatient, will be selected at random by the Social Work Service secretary each month. These patients will be sent a Patient Follow-up Survey (Appendix D).



Four FAMC staff members will also be selected in a random fashion and will be sent a Staff Quality Assurance Assessment questionnaire (Appendix E). Problem areas identified in the returned surveys will be addressed in the Quality Assurance Subcommittee meetings.

d. Review of Closed Social Work Files. All outpatient Social Work files will be reviewed upon closing to verify their administrative and clinical adequacy.

e. Case Conference. Social Work Service conducts an hourly case conference every week. In this meeting new cases and problematic cases/issues are discussed. Each staff member is expected to bring cases for review and to participate in the discussion. Quality assurance issues are raised in relation to specific individual cases as well as to more general Service-wide concerns.

f. Continuing Education. Social Work Service conducts inservice training twice each month. Responsibility for developing topics, obtaining speakers, etc rotates among all the staff members on a monthly basis. Quality assurance problem areas are addressed in this training when indicated. Staff members are encouraged to continually develop their social work skills through TDY training (contingent upon funding), local workshops and seminars, and hospital-sponsored educational opportunities.

Social Work Service QA Monthly Chart Audit - Inpatient Records

Patient:

Month:

SSN:

Worker:

<u>Audit Criteria:</u>	<u>YES</u>	<u>NO</u>
1. Is there evidence that the Social Work Service Daily Worksheet coincides with the number of interviews/collateral contacts indicated in the record entry?	—	—
2. Are Social Work Service notes clearly identified as such?	—	—
3. Is there evidence that the social worker has identified a coherent plan of action and is following it to completion?	—	—
4. Is there evidence that the worker has involved the patient in understanding the nature of the problem, assessing it, and developing solutions to it?	—	—
5. Is there evidence that the worker has involved the patient's family or significant other in treatment planning, if indicated?	—	—
6. Are Consultation Requests, if any, answered in a timely, complete, legible manner?	—	—

Comments:

Auditor's Signature:

# SOCIAL WORK PEER REVIEW

STAFF MEMBER \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

SSN \_\_\_\_\_

	UNSATISFACTORY	SATISFACTORY	EXCELLENT	N/A
1. Patient's Identification: Age, SSN, Address, and both Home/Duty Telephone				
2. Privacy Act Statement				
3. a. Source of Referral				
b. Reason for Referral				
4. Documentation of Problems/ Treatment				
a. History of Present Illness				
b. Pertinent Background History				
c. Mental Status Exam				
d. Assessment				
e. Disposition				
f. Treatment Plan				
g. Adequate Treatment Documentation				
h. Discharge Note				
5. Dates Documented and Recording in Medical Record in Accordance with AR 40-66				
6. Signatures Present				

APPENIX B

100

SOCIAL WORK PEER REVIEW (cont'd)

7. Recommendations:

- \_\_\_\_\_ None
- \_\_\_\_\_ Bring Deficiency to Staff Member's Attention
- \_\_\_\_\_ Recall Patient for Further Evaluation

8. Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RECORD OF PEER REVIEW OF  
SOCIAL WORK OUTPATIENT CHARTS

Date: \_\_\_\_\_

Number of Charts Reviewed: \_\_\_\_\_

Patients' Name	SSN	Staff Members
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Defincies Noted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor's Stiganatur: \_\_\_\_\_

SUMMARIZATION OF PATIENT SERVICES SURVEY

Time Frame: \_\_\_\_\_

Total Distributed to Out-patient: \_\_\_\_\_

Total Returned: \_\_\_\_\_ Percentage: \_\_\_\_\_

Q2 \_\_\_\_\_yes \_\_\_\_\_no

Q3 \_\_\_\_\_yes \_\_\_\_\_no

Q4 \_\_\_\_\_yes \_\_\_\_\_no

Q5 \_\_\_\_\_yes \_\_\_\_\_no

Q6 \_\_\_\_\_yes \_\_\_\_\_no

Q7 \_\_\_\_\_yes \_\_\_\_\_no

Q8 Brief Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Enclosure 8



DEPARTMENT OF THE ARMY

FITZSIMONS ARMY MEDICAL CENTER  
AURORA, COLORADO 80045-5001

REPLY TO  
ATTENTION OF

HSHG-SW

SUBJECT: FOLLOW-UP SURVEY

Dear

The enclosed questionnaire is being sent to you as part of a survey being conducted by the Social Work Service at Fitzsimons Army Medical Center. The purpose of the survey is not only to evaluate the quality of care being offered to patients by Social Work personnel, but also to improve existing services.

As a recent patient, we feel you are in a position to provide information that will be most helpful to us in accomplishing this. There are five brief questions we would like you to answer by checking the proper box. You may comment if you so desire. The information you provide will be greatly appreciated.

We respect your privacy and confidentiality in completing this survey, but if you would be will willing to share this information with the staff member(s) concerned, please indicate so by checking the appropriate box which is located at the bottom of the next page.

Fitzsimons Army Medical Center is most desirous of providing the best and most complete care possible. Please help us. The questionnaire can be returned to us in the enclosed envelope. Thank you for your assistance.

Sincerely,

JAMES O. PITTMAN  
CPT, MS  
Chairman, Social Work Service  
Subcommittee on Quality Assurance

FOLLOW-UP SURVEY #3

1. When you received care at Fitzsimons Army Medical Center, were Social Work Services made available to you?

☐ Yes      ☐ No

2. How did you learn of these services?

- ☐ Referred to Social Work Staff personnel by doctor or other hospital personnel.  
☐ Learned about Social Work personnel from another patient.  
☐ Social Work Staff member approached you on the ward.  
☐ Already knew about Social Work personnel from a previous hospitalization or other contact.  
☐ Other: \_\_\_\_\_

(Please specify)

3. Were you helped by the Social Work Staff in any of the following ways?

- ☐ In understanding your medical condition and the prescribed treatment.  
☐ In making choices for treatment and in becoming involved in the plan for your treatment.  
☐ In contacting family/friends at your request and helping them to understand your problem or your illness and to be supportive to you.  
☐ In increasing communication between you and your doctor or other professional staff.  
☐ In handling personal problems in your life other than medical ones.  
☐ In informing you of other services available to you, both in the hospital and in the community such as nursing homes, financial aid, child care facilities, etc.  
☐ In planning with you for your discharge from the hospital or in continuation of treatment.  
☐ Other: \_\_\_\_\_

(Please specify)

4. In the future, if you were to need help, would you feel comfortable in talking with Social Work personnel about it? (Please circle appropriate number.)

1	2	3	4	5
Less Comfortable		Maybe		Most Comfortable

5. Do you have any suggestions that would help us to provide better services?

☐ Yes      ☐ No

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am willing to release this information with appropriate members of Social Work Service.

☐ Yes      ☐ No





DEPARTMENT OF THE ARMY

FITZSIMONS ARMY MEDICAL CENTER  
AURORA, COLORADO 80045

REPLY TO  
ATTENTION OF

HSHG-SW

SUBJECT: QUALITY ASSURANCE SURVEY

The inclosed form is part of a survey being conducted by the Social Work Sub-Committee on Quality Assurance at Fitzsimons Army Medical Center. This survey is being made in an effort to provide ongoing assessment of the quality and efficiency of services being offered to patients by Social Work personnel in accordance with AR 40-400. We are asking allied health professionals to assist us in this evaluation of our services.

There are nine questions that we would like for you to answer and comment upon if you so desire. Your honest answers and comments will be greatly appreciated.

We respect your privacy and confidentiality in completing this survey, but if you would be willing to share this information with the staff member concerned, please indicate so by checking the appropriate box which is located at the bottom of the second page of the survey.

Please return the completed survey in the inclosed envelope. Thank you.

Sincerely,

Chairman, Social Work Sub-Committee  
on Quality Assurance

APPENDIX E

106

QUALITY ASSURANCE ASSESSMENT #1

1. Do you have knowledge of the services available to patients through the Social Work Service at Fitzsimons Army Medical Center?

1	2	3	4	5
No		Some		Yes

2. Was this knowledge gained by:

- ( ) Interpretation to you by a staff member of the Social Work Department.  
( ) Previous experience working with Social Work Personnel.  
( ) Through orientation or inservice programs.  
( ) Other staff members.  
( ) Others: \_\_\_\_\_

(please specify)

3. Have the Social Work Personnel been of help to you in any of the following areas?

- ( ) In the sharing of information about the patient's background, home situation, family, etc., that has a direct bearing upon the patient's physical condition.  
( ) In the interpretation of the dynamics within the patient's background and family that might affect the patient's recovery.  
( ) In providing knowledge useful in developing and implementing an effective treatment plan.  
( ) In enhancing your skills at assessing and responding to the emotional needs of the patient.  
( ) In encouraging you to involve the patient's participation in making decisions as to health care.  
( ) In providing information on available community resources, financial aid, nursing home care, etc.  
( ) In assisting in discharge planning.  
( ) Other: \_\_\_\_\_

(please specify)

4. Do you understand the role played by Social Work Personnel as part of the health care team?

1	2	3	4	5
No		Some		Yes

5. Are you comfortable with having Social Work Personnel function in this way?

1	2	3	4	5
No		Some		Yes

6. Was the Social Work Staff member knowledgeable as to medical diagnosis, treatment procedures, etc?

1	2	3	4	5
No		Some		Yes

7. In your opinion, did the Social Work Staff member's contact with the patient and his/her family have a positive affect on:

- ☐ Patient's recovery.
- ☐ Length of stay in the hospital.
- ☐ Quality of health care.
- ☐ Attitude toward and cooperation with treatment.
- ☐ Effective discharge planning.
- ☐ Other: \_\_\_\_\_

(please specify)

8. Were you comfortable enough with the performance of Social Work Personnel that you would be inclined to use Social Work Services in the future?

1

2

3

4

5

No

Some

Yes

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am willing to release this information with appropriate members of Social Work Service.

☐ Yes      ☐ No

三

$$\text{app. vol.} \in$$

QUALITY ASSURANCE SURVEY LOG -  
Patient Survey

[illegible]

Place one in SWS record

This patient has been sent a  
questionnaire for Quality  
Assurance.

DATE: \_\_\_\_\_

INITIALS: \_\_\_\_\_

This patient has been sent a  
questionnaire for Quality  
Assurance.

DATE: \_\_\_\_\_

INITIALS: \_\_\_\_\_

This patient has been sent a  
questionnaire for Quality  
Assurance.

DATE: \_\_\_\_\_

INITIALS: \_\_\_\_\_

This patient has been sent a  
questionnaire for Quality  
Assurance.

DATE: \_\_\_\_\_

INITIALS: \_\_\_\_\_

This patient has been sent a  
questionnaire for Quality  
Assurance.

DATE: \_\_\_\_\_

INITIALS: \_\_\_\_\_

This patient has been sent a  
questionnaire for Quality  
Assurance.

DATE: \_\_\_\_\_

INITIALS: \_\_\_\_\_

This patient has been sent a  
questionnaire for Quality  
Assurance.

DATE: \_\_\_\_\_

INITIALS: \_\_\_\_\_

This patient has been sent a  
questionnaire for Quality  
Assurance.

DATE: \_\_\_\_\_

INITIALS: \_\_\_\_\_

///

appendix F

APPENDIX G1

FAMC Social Work Service Evaluation

The Social Work Service Quality Assurance Assessment Tool rating scale was modeled after the rating scale utilized by the 1987 JCAH AMH. The numbers 1 through 3 relate to the level of compliance with the questions in the assessment tool. An explanation of the scale follows:

- 1.) Substantial compliance, indicating that the social work service consistently meets the characteristics of the question.
- 2.) Partial compliance, indicating that the social work service meets some characteristics of the question.
- 3.) Noncompliance, indicating that the social work service fails to meet characteristics of the question.



SOCIAL WORK SERVICE QUALITY ASSURANCE PLAN EVALUATION

HOSPITAL: *FAMC*

DATE OF EVALUATION: *17 Jun 87*

POC CHIEF *LTC NEPTUNE*

ADDRESS: *AURORA, CO*

CIRCLE ONE

1.) Does the plan have a Statement of Purpose?

① 2 3

*SEE SECTION: 2*

2.) Does the plan indicate the department quality assurance committee membership?

① 2 3

*SEE SECTION: 6b(1)*

3.) Does the plan indicate specific quality assurance responsibilities of staff members?

1 ② 3

*SEE SECTIONS: 6a, 7a(1)*

4.) Does the plan distinguish the relationship between quality assurance activities and the credentialing process within the department? *SEE SECTION: 8b*

1 2 ③

5.) Does the plan state what practicing privileges can be granted to credentialed providers?

1 2 ③

6.) Does the plan distinguish the relationship between the quality assurance activities and continuing education? *SEE SECTIONS: 6a(5), 8f*

① 2 3

7.) Does the plan state how patients gain access to services provided? *SEE APPENDIX D, QUESTION 2 OF FAMC SWS QA PLAN*

1 2 ③

CIRCLE ONE

8.) Does the plan distinguish between the quality assurance activities and utilization review?

SEE SECTIONS: 3, 6(3)(d), 5G, 7a(1)

1 ② 3

9.) Does the plan distinguish between quality assurance activities and risk management?

1 2 ③

10.) Does the plan identify methods of integration with other military services (Army Community Service, Army Drug and Alcohol Prevention and Control Program, etc.)? SEE SECTIONS: 5G, 6b(3)(a)(2), 6b(3)(a)(3), 6b(3)(a)(4), 6b(3)(b)

1 ② 3

11.) Does the plan identify methods of integration with civilian services?

1 2 ③

12.) Does the plan define the objectives of the department? SEE SECTION: 5

① 2 3

13.) Does the plan identify critical indicators of quality which measure departmental quality in accordance with the defined departmental objectives? SEE SECTIONS: 8a, 8b, 8c

1 ② 3

14.) Does the plan list critical indicators for each service offered? SEE SECTIONS: 7a(1), 7a(2), 7b(1), 7b(2), 7c(3), 8a, 8b, 8c

1 ② 3

CIRCLE ONE

15.) Does the plan include prioritization of critical indicators? *SEE SECTION:*

*6b(3)(b)*

① 2 3

16.) Has the plan developed methods to collect data on each of the quality indicators? *SEE SECTIONS:*

*8a, 8b, 8c*

1 ② 3

17.) Are standards (criteria) for each quality indicator established which reflect acceptable quality based on current professional knowledge and practice? *SEE SECTIONS: 2, 8f, 6a(5)*

1 ② 3

18.) Are the established standards (criteria)

analyzed on a regular basis? *SEE SECTIONS: 6a(2), 6b(3)(a)(1), 7a(2), 7b(2), 7c(1), 7c(2), 8a, 8b, 8c, 8d, 8e.*

① 2 3

19.) Does the plan state how these standards (criteria) will be evaluated? *SEE SECTIONS: 6a(4), 6b(3)(a)(1), 8a, 8b, 8c, 8d*

① 2 3

20.) Does the plan identify the variations from acceptable standards of practice which will warrant improvement or further study?

*SEE SECTIONS: 8a, 8b, 8c*

1 ② 3

CIRCLE ONE

21.) Does the plan establish criteria for acceptable levels of performance for each provider?

1 2 ③

22.) Has the plan been authenticated and reviewed within the past 12 months? *QA PLAN DATED DEC 1983.*

1 2 ③

23.) Does the plan state how the annual review will be conducted? *SEE SECTION: 7C(1)*

① 2 3

24.) Does the plan identify methods of integration with the hospital quality assurance plan? *SEE SECTION: 6a(3)*

① 2 3

25.) Does the plan include prioritization of concern for problems identified? *SEE SECTION: 6b(3)(b)*

① 2 3

26.) Does the plan state what will be the criteria to validate the existence of a variation from the acceptable standards of practice?

*SEE APPENDIX A, B, C, D, E of FAMC SWS QA PLAN.*

1 ② 3

27.) Does the problem resolution process in the plan include techniques for reanalysis of the identified problems to insure elimination of the problem?

*SEE SECTIONS: 6b(3)(c), 6b(3)(d)*

① 2 3

CIRCLE ONE

28.) Does the plan state how problem solving activities are documented and integrated with the hospital quality assurance plan?

① 2 3

*SEE SECTION: 6b(3)(d)*

29.) Does the plan include tracking mechanisms of follow-up activities on resolved problems?

1 2 ③

*SEE SECTION: 7c(3)*

30.) Does the plan identify how follow-up activities on resolved problems will be documented?

1 2 ③

*SEE SECTION: 7c(3)*

31.) Does the plan state how the documented follow-up activities are integrated with the hospital quality assurance plan?

① 2 3

*SEE SECTION: 6a(3)*

COMMENTS:

APPENDIX H

BAMC Social Work Service QA Plan



DEPARTMENT OF THE ARMY  
BROOKE ARMY MEDICAL CENTER  
FORT SAM HOUSTON, TEXAS 78234

REPLY TO  
ATTENTION OF:

HSHE-SW

27 June 1986

MEMORANDUM FOR: Social Work Service Staff

SUBJECT: Standing Operating Procedure: Social Work Quality Assurance Program,  
Record Reviews and Audits

1. Purpose: To present the mission, objectives, procedures and responsibilities of the Social Work Staff in the Quality Assurance Program.

2. Policy: Social Work Service will evaluate the quality of services provided to patients through an ongoing, active, and multifaceted review process. This program will include quality assurance monitors, record reviews, and case record peer reviews.

3. Procedures:

a. Record reviews: Record reviews will be conducted using: The National Association of Social Worker's (NASW) model, the Standards of JCAH, and BAMC guidelines.

(1) CASE RECORDS EVALUATION REVIEW. This review of all Social Work Service case records at time of closing is designed to ensure that administrative procedures are followed and completed. Review of the previous month's records will be completed by the 10th of the month. Results of these reviews will be maintained in the social work case record. This review will be conducted by the NCOIC with the assistance of the secretarial staff. (Appendix A)

(2) INPATIENT RECORDS REVIEW. This review is designed to ensure that inpatients receive quality service. The review will be conducted once a month on inpatient medical records. Two records from each ward will be drawn randomly and will be reviewed by the Chief, Discharge Planning Section. The review will be completed by the 15th of the month and results of the review will be kept in a separate file. Results will be forwarded to the Chief of Social Work Service. (Appendix B)

(3) PEER EVALUATION REVIEW. This review of Social Work Service case records is designed to ensure that appropriate interventions are provided to patients. The review will be conducted on a rotating basis by the professional staff once a month. Record reviews will be conducted under the supervision of a social worker who has been designated and appointed as the record review officer. The record review officer will chair the records review team and assign committee members who will be trained and briefed on the standards for review. Panel members will be selected to maximize staff participation in

HSHE-SW

27 June 1986

SUBJECT: Standing Operating Procedure: Social Work Quality Assurance Program,  
Record Reviews and Audits

the records review process. (If possible review committee members will not review records for which they are responsible.) Fifty percent (50%) of the closed records or no more than thirty (30) closed records will be reviewed. The review will be completed by the 15th of each month. Results of these reviews will be kept in separate monthly files. Results will be forwarded to the Chief, Social Work Service. (Appendix C)

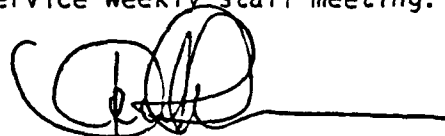
b. All reviews will be forwarded to the Chief, Social Work Service for final review. Results of all reviews will be discussed at the monthly social work quality assurance meeting. The quality assurance meeting will develop any programs or policies necessary to correct deficiencies found.

c. Social workers from other sections of BAMC, Fort Sam Houston, or civilian hospitals may be invited to participate in the record review process to increase objectivity and peer review.

d. Quality assurance monitors will be developed for Social Work Service and administered in a continuing manner. Monitor results will be utilized as the basis for programmatic changes to improve patient care. Monitors and schedules for administration are shown in Appendix D.

e. Section and Team Chiefs will be held responsible for ensuring that deficiencies found in records review are corrected and staff compliance with established standards of practice.

f. Social Work Service will conduct a formal monthly meeting to deal with quality assurance issues. The meetings will be attended by all section and team chiefs. Any staff member is welcome to attend. The first Monday of each month is designated as the date for these meetings. They will be conducted immediately after the Social Work Service weekly staff meeting.



THOMAS R. LAWSON, Ph.D.  
LTC, MS  
Chief, Social Work Service

Appendices A, B, C, D



# APPENDIX A

## QUALITY ASSURANCE OF RECORDS

	NO DISCREPANCIES	DISCREPANCIES	TOTAL
1. A properly labeled case folder.			
2. Entry concerning Privacy Act Statement in Inpatient Medical Records			
3. A fact sheet containing identifying information.			
4. Referral statements as appropriate (e.g., SF 513).			
5. Signed and dated problem, plan and progress notes.			
6. Signed and dated transfer summaries as necessary			
7. Entry concerning Release of Information forms			
8. A closing summary and supervisor's entry supporting the termination of the case.			
9. Entries in SWS case record for opening and closing statements			
10. Entries co-signed by supervisor for 91G's and students.			

	NAME	RANK	DATE
Reviewer	_____	_____	_____
Worker	_____	_____	_____
Supervisor	_____	_____	_____

# APPENDIX B

## SOCIAL WORK SERVICE INPATIENT REVIEW EVALUATION FORM

PATIENT \_\_\_\_\_ WORKER \_\_\_\_\_ REVIEWER \_\_\_\_\_

REVIEW DATE \_\_\_\_\_ CHART RATING: \_\_\_\_\_ ACCEPTABLE \_\_\_\_\_ NOT ACCEPTABLE

NOTE: An acceptable chart must have no more than one check in the "No" column.

### CHART AUDIT:

1. Was a reason for seeing the patient provided?
2. Was there an indication of action taken or service provided?
4. Was the action/service appropriate?
5. Was a signature block present for each entry?

YES	NO	COMMENTS	RESPONSE

\_\_\_\_\_  
(INITIALS) (C, SWS)

# APPENDIX C

## SOCIAL WORK SERVICE PEER REVIEW EVALUATION FORM

PATIENT \_\_\_\_\_ WORKER \_\_\_\_\_ REVIEWER \_\_\_\_\_

REVIEW DATE \_\_\_\_\_ CHART RATING: \_\_\_\_\_ ACCEPTABLE \_\_\_\_\_ NOT ACCEPTABLE

NOTE: An acceptable chart must have no more than one check in the "No" column.

### CHART AUDIT

	YES	NO	COMMENTS	RESPONSE
1. Was this an appropriate case for SWS to see/follow?				
2. Was the diagnostic impression appropriate (based on the facts of the case)?				
3. Was treatment appropriate to the diagnostic impression?				
4. Was the treatment plan clear?				
5. Was treatment length appropriate?				
6. Were significant changes noted in patient's situation?				
7. Was the case closed IAW SWS SOP?				
8. Were collaterals appropriate?				
9. Was adequate follow-up conducted for client no-shows or cancellations?				
10. Do case records document at least one instance of follow-up on each referral to another agency?				

\_\_\_\_\_  
(INITIALS) (C, SWS)

SOCIAL SERVICE MONITOR  
Patient Satisfaction Survey

Objective:

To determine patient/family satisfaction with Social Work Service.

Instruction:

On a quarterly basis mail the Patient Satisfaction Survey to a random sample of 10% of all patients seen by Social Work Service (both in and outpatient status) whose case has been closed.

Demographic Data:

Patient Identifiers (age, sex, military affiliation, duty status)



DEPARTMENT OF THE ARMY  
BROOKE ARMY MEDICAL CENTER  
FORT SAM HOUSTON, TEXAS 78234

REPLY TO  
ATTENTION OF:

HSHE-SW

Dear

The enclosed questionnaire is being sent to you as part of the ongoing survey being conducted by the Social Work Service at Brooke Army Medical Center. The purpose of the survey is to evaluate the quality of services (and also to improve available services) being offered to patients.

Our goal is to provide the best care possible; and to do this we must know how our patients, or family of patients, feel about those services we provide. We believe you can be most helpful to us in reaching this goal. We need your honest feedback.

Please take a few moments to answer the ten questions, make comments and return the form to us in the enclosed postage-paid envelope.

Thank you very much.

Sincerely,

Enclosure

THOMAS R. LAWSON, Ph.D.  
LTC, MS  
Chief, Social Work Service

BROOKE ARMY MEDICAL CENTER  
Social Work Satisfaction Survey

Directions: Please read the questions and check the blank that applies to you.

1. Sex: Male\_\_\_ Female\_\_\_
2. Age: 0-20\_\_\_ 21-25\_\_\_ 26-35\_\_\_ 36-45\_\_\_ 46-54\_\_\_ 55-65\_\_\_ 66-75\_\_\_  
76 and older\_\_\_
3. Military affiliation:  
Army\_\_\_ Navy\_\_\_ Air Force\_\_\_ Marines\_\_\_ Coast Guard\_\_\_  
N/A Other\_\_\_
4. Please check one of the following:  
Active Duty\_\_\_ Dependent of Active Duty\_\_\_ Retired Military\_\_\_  
Dependent of Deceased/Retired Military\_\_\_ Other\_\_\_
5. Please check the problem or need(s) which led to assistance at Social Work Service. If your particular need is not listed, please write it in the space provided.  
\_\_\_\_ Help with transportation  
\_\_\_\_ Arranging Medical Care or Services after discharge to your home  
\_\_\_\_ Nursing Home placement  
\_\_\_\_ Arranging counseling/therapy services after discharge  
\_\_\_\_ Counseling or therapy (from/provided by Social Work Service)  
\_\_\_\_ Assistance locating housing  
\_\_\_\_ Financial assistance  
\_\_\_\_ Help getting food and/or clothing  
\_\_\_\_ General information  
\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_

6. Please rate the social work services you received. Please Circle One:

	Excellent	Very Good	Fair	Poor	Very Poor
A. Services in General	1	2	3	4	5
B. Courtesy of the Social Worker	1	2	3	4	5
C. Ability to listen to and understand your need/problem	1	2	3	4	5
D. Knowledge of your need/problem	1	2	3	4	5
E. Helpfulness of the Social Worker	1	2	3	4	5

7. Did you and the Social Worker agree (have common understanding) about what you would be working on together? ☐ Yes ☐ No

If no, please state why not: \_\_\_\_\_

8. Were there any special needs that BAMC Social Work Service did not meet?

☐ Yes ☐ No

If yes, please list those needs that were not met: \_\_\_\_\_

9. Did the BAMC Social Worker refer you to another agency or office for assistance?

☐ Yes ☐ No

a. If yes, please state where you were referred: \_\_\_\_\_

b. Was the other agency or office able to assist you? ☐ Yes ☐ No

10. In the future, if you needed assistance, would you return to Social Work Service?

☐ Yes ☐ No

Please explain why or why not: \_\_\_\_\_

If you would like to make additional comments about your experiences with this Department or any suggestions that would help us to provide better service, please comment in the space below or call Social Work Service at (512) 221-7079.

If you would like for Social Work Service to provide you with additional assistance, please furnish your name and telephone number below.

Thank you for your assistance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SERVICE MONITOR

Patient Awareness Survey

Objective:

To identify patient awareness of Social Service role.

Instruction:

On a quarterly basis administer the Patient Awareness Survey to a random sample of 10% of current inpatients.

Demographic data:

Patient identifier  
Patient ward  
Patient diagnosis



SUBJECT: PATIENT AWARENESS SURVEY

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

WARD: \_\_\_\_\_

1. Diagnosis: \_\_\_\_\_
2. Previous Hospitalizations: Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If yes, at this facility? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. At other facility? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Aware that there is a Social Work Service at BAMC?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Aware that the ward has a social worker?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Knows or aware who worker is? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Has used services of Social Worker at BAMC? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If yes, during this period of care? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. During previous period of care? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Assessment of Awareness: (Answer only one)
  - a. Has none: \_\_\_\_\_
  - b. Vague (has heard about Social Workers): \_\_\_\_\_
  - c. Aware but never used: \_\_\_\_\_
  - d. Aware and used in past: \_\_\_\_\_
  - e. Aware and using: \_\_\_\_\_

appd +

SOCIAL SERVICE MONITOR

Adequacy of Discharge Planning

Objective:

To determine the adequacy of discharge planning.

Instruction:

On a quarterly basis administer the Adequacy of Discharge Planning Survey to a 100% sample of hospital-readmission over a 2-week period. A person is considered a readmission if they had been hospitalized during the last year.

Demographic data:

Patient identifier  
Patient ward  
Patient diagnosis

SUBJECT: ADEQUACY OF DISCHARGE PLANNING

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

WARD: \_\_\_\_\_

1. Date of Readmission: \_\_\_\_\_

2. Date of Last Discharge: \_\_\_\_\_

3. Previous Social Worker (If none involved, so state): \_\_\_\_\_

4. Diagnosis: \_\_\_\_\_

5. Was readmission related to complications with previous health problems?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Was readmission related to new health problems? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Was readmission related to unmet psychosocial need? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, identify and rank by importance of those needs.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

8. Primary cause of Readmission:

a. Complications of old health problems. \_\_\_\_\_

b. New health problems. \_\_\_\_\_

c. Unmet psychosocial needs. \_\_\_\_\_

(1) Existed during last period of care. \_\_\_\_\_

(2) New problem. \_\_\_\_\_

APPENDIX H1

BAMC Social Work Service Evaluation

The Social Work Service Quality Assurance Assessment Tool rating scale was modeled after the rating scale utilized by the 1987 JCAH AMH. The numbers 1 through 3 relate to the level of compliance with the questions in the assessment tool. An explanation of the scale follows:

- 1.) Substantial compliance, indicating that the social work service consistently meets the characteristics of the question.
- 2.) Partial compliance, indicating that the social work service meets some characteristics of the question.
- 3.) Noncompliance, indicating that the social work service fails to meet characteristics of the question.

SOCIAL WORK SERVICE QUALITY ASSURANCE PLAN EVALUATION

HOSPITAL: *BAMC*

DATE OF EVALUATION: *16 Jun 87*

POC CHIEF *LTC LAWSON*

ADDRESS: *FT. SAM HOUSTON, TX*

CIRCLE ONE

1.) Does the plan have a Statement of Purpose?

1 ② 3

*SEE SECTION: 1*

2.) Does the plan indicate the department quality assurance committee membership?

1 ② 3

*SEE SECTION: 3f*

3.) Does the plan indicate specific quality assurance responsibilities of staff members?

1 ② 3

*SEE SECTION: 3e*

4.) Does the plan distinguish the relationship between quality assurance activities and the credentialing process within the department?

1 ② 3

*SEE SECTION: 3a(3)*

5.) Does the plan state what practicing privileges can be granted to credentialed providers?

1 2 ③

6.) Does the plan distinguish the relationship between the quality assurance activities and continuing education?

1 2 ③

7.) Does the plan state how patients gain access to services provided?

1 2 ③

CIRCLE ONE

8.) Does the plan distinguish between the quality assurance activities and utilization review?

1 2 ③

9.) Does the plan distinguish between quality assurance activities and risk management?

1 2 ③

10.) Does the plan identify methods of integration with other military services (Army Community Service, Army Drug and Alcohol Prevention and Control Program, etc.)?

1 2 ③

11.) Does the plan identify methods of integration with civilian services?

1 2 ③

12.) Does the plan define the objectives of the department?

1 2 ③

13.) Does the plan identify critical indicators of quality which measure departmental quality in accordance with the defined departmental objectives? *SEE SECTIONS: 3a(1), 3a(2), 3a(3), 3d. ALSO APPENDIX A, B, C, D OF BAMC SWS QA PLAN.*

1 ② 3

14.) Does the plan list critical indicators for each service offered? *SEE APPENDIX A, B, C, D*

1 ② 3

CIRCLE ONE

15.) Does the plan include prioritization of critical indicators? *SEE SECTION: 3b*

1 ② 3

16.) Has the plan developed methods to collect data on each of the quality indicators?

*SEE APPENDIX, A, B, C, D of BAMC SW'S QA PLAN.*

① 2 3

17.) Are standards (criteria) for each quality indicator established which reflect acceptable quality based on current professional knowledge and practice? *SEE SECTION: 3a*

1 ② 3

18.) Are the established standards (criteria) analyzed on a regular basis? *SEE SECTIONS: 3a(1), 3a(2), 3a(3), 3f*

① 2 3

19.) Does the plan state how these standards (criteria) will be evaluated?

1 2 ③

20.) Does the plan identify the variations from acceptable standards of practice which will warrant improvement or further study?

*SEE APPENDIX B, C of BAMC SW'S QA PLAN.*

1 ② 3



CIRCLE ONE

21.) Does the plan establish criteria for acceptable levels of performance for each provider?

*SEE APPENDIX B, C of BAMC  
SU'S QA PLAN.*

1 ② 3

22.) Has the plan been authenticated and reviewed within the past 12 months?

*QA PLAN  
DATED JUN 86*

① 2 3

23.) Does the plan state how the annual review will be conducted?

1 2 ③

24.) Does the plan identify methods of integration with the hospital quality assurance plan?

1 2 ③

25.) Does the plan include prioritization of concern for problems identified?

*SEE SECTION: 3b*

1 ② 3

26.) Does the plan state what will be the criteria to validate the existence of a variation from the acceptable standards of practice?

1 2 ③

27.) Does the problem resolution process in the plan include techniques for reanalysis of the identified problems to insure elimination of the problem?

1 2 ③

CIRCLE ONE

28.) Does the plan state how problem solving activities are documented and integrated with the hospital quality assurance plan?

1 2 ③

29.) Does the plan include tracking mechanisms of follow-up activities on resolved problems?

1 ② 3

*SEE APPENDIX A, B, C, D of BAMC  
SWS QA PLAN.*

30.) Does the plan identify how follow-up activities on resolved problems will be documented?

1 2 ③

31.) Does the plan state how the documented follow-up activities are integrated with the hospital quality assurance plan?

1 2 ③

COMMENTS:

APPENDIX I

Inclusive Summary of WRAMC, FAMC, BAMC  
Social Work Service QA Plans

The Social Work Service Quality Assurance Assessment Tool rating scale was modeled after the rating scale utilized by the 1987 JCAH AMH. The numbers 1 through 3 relate to the level of compliance with the questions in the assessment tool. An explanation of the scale follows:

- 1.) Substantial compliance, indicating that the social work service consistently meets the characteristics of the question.
- 2.) Partial compliance, indicating that the social work service meets some characteristics of the question.
- 3.) Noncompliance, indicating that the social work service fails to meet characteristics of the question.

# SOCIAL WORK SERVICE QUALITY ASSURANCE PLAN EVALUATION

HOSPITAL:

POC CHIEF

DATE OF EVALUATION:

ADDRESS:

● = WRAMC

● = FAMC

● = BAMC

CIRCLE ONE

1.) Does the plan have a Statement of Purpose?

① ② ③

2.) Does the plan indicate the department quality assurance committee membership?

① ② 3

3.) Does the plan indicate specific quality assurance responsibilities of staff members?

① ② 3

4.) Does the plan distinguish the relationship between quality assurance activities and the credentialing process within the department?

① ② ③

5.) Does the plan state what practicing privileges can be granted to credentialed providers?

1 ② ③

6.) Does the plan distinguish the relationship between the quality assurance activities and continuing education?

① ② ③

7.) Does the plan state how patients gain access to services provided?

1 2 ③

**CIRCLE ONE**

8.) Does the plan distinguish between the quality assurance activities and utilization review?

1 2 ③

9.) Does the plan distinguish between quality assurance activities and risk management?

1 2 ③

10.) Does the plan identify methods of integration with other military services (Army Community Service, Army Drug and Alcohol Prevention and Control Program, etc.)?

1 2 ③

11.) Does the plan identify methods of integration with civilian services?

1 2 ③

12.) Does the plan define the objectives of the department?

① 2 ③

13.) Does the plan identify critical indicators of quality which measure departmental quality in accordance with the defined departmental objectives?

① ② 3

14.) Does the plan list critical indicators for each service offered?

① ② 3

**CIRCLE ONE**

15.) Does the plan include prioritization of critical indicators?

① ② 3

16.) Has the plan developed methods to collect data on each of the quality indicators?

① ② 3

17.) Are standards (criteria) for each quality indicator established which reflect acceptable quality based on current professional knowledge and practice?

① ② 3

18.) Are the established standards (criteria) analyzed on a regular basis?

① ② 3

19.) Does the plan state how these standards (criteria) will be evaluated?

① 2 ③

20.) Does the plan identify the variations from acceptable standards of practice which will warrant improvement or further study?

① ② 3

**CIRCLE ONE**

21.) Does the plan establish criteria for acceptable levels of performance for each provider?

① ② ③

22.) Has the plan been authenticated and reviewed within the past 12 months?

① ② ③

23.) Does the plan state how the annual review will be conducted?

① ② ③

24.) Does the plan identify methods of integration with the hospital quality assurance plan?

① ② ③

25.) Does the plan include prioritization of concern for problems identified?

① ② ③

26.) Does the plan state what will be the criteria to validate the existence of a variation from the acceptable standards of practice?

① ② ③

27.) Does the problem resolution process in the plan include techniques for reanalysis of the identified problems to insure elimination of the problem?

① ② ③



**CIRCLE ONE**

28.) Does the plan state how problem solving activities are documented and integrated with the hospital quality assurance plan?

① 2 ③

29.) Does the plan include tracking mechanisms of follow-up activities on resolved problems?

① ② ③

30.) Does the plan identify how follow-up activities on resolved problems will be documented?

① 2 ③

31.) Does the plan state how the documented follow-up activities are integrated with the hospital quality assurance plan?

① 2 ③

COMMENTS.

## FOOTNOTES

## FOOTNOTES

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